

THE HEALTH OF BARNSELEY

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1964

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The Annual Report of the
Medical Officer of Health


The Annual Report of the
Principal School Medical
Officer

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Medical Officer of Health

Principal School Medical Officer



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FOREWORD

“For with strong speech I tore the veil that hid
Nature and truth and liberty and love,—
As one who from some mountain’s pyramid
Points to the unrisen sun”

The Revolt of Islam

C IX, 7.

Percy Bysshe Shelley, 1792-1822

On reviewing and considering the pages which comprise this report along with its predecessors since 1948, it becomes clear that as the National Health Service develops, its three constituent parts are becoming increasingly inter-dependent. It is perhaps inevitable that this should be so if the ideal of a fully integrated National Health Service is eventually to be realised.

Desirable as this outcome may be, it is perhaps difficult for a local health authority to view this entirely without regret. In the days before 1948 the local authority was the only body with any considerable statutory powers relating to health services. It was also and indeed still is charged with the responsibility of compiling and observing statistics relevant to the health of its area. Before the National Health Service, the authority on its own initiative could, in response to a need indicated by the local statistics, take action to deal with this need and then observe the results. There is no doubt that both the members and the officers of local authorities derived great satisfaction when prompt response to observations of this kind produced the desired effect.

As the National Health Service develops, however, the local authority—still charged with the duty of collection and interpretation of statistical material—is faced with a situation whereby several other bodies in the Health Service are now possessed of powers and facilities to take action for the correction of adverse figures. Furthermore, in a large number of circumstances the facilities at the disposal of these other bodies allow of the taking of measures which are more appropriate and more effective than those available to the local authority.

That this is so is attributable to several factors. Twelve years ago simple measures, well within the resources of a local authority would produce the results required. It is often overlooked that such measures in the hands of the local authority still continue to serve the public. With progress, further improvements become necessary and these in turn call for the more complex techniques recently developed by modern medicine. In the majority of cases such techniques are available to the community through bodies other than the local authority. To bring them to bear for the purposes of preventive and social medicine calls for tactful discussion and persuasion with those who control their use, rather than for any executive action on the part of the local authority. This in turn raises difficulties in the preparation of reports such as this. It is becoming, on this account, more and more necessary to refrain from the expression of opinion on statistical matters lest this should prejudice in any way co-operation. At the same time, the duty remains to tender advice aimed at improvement of health.

It is felt to be most necessary that attention be drawn to this situation. In some quarters it might appear that certain comment lacks strong emphasis whilst in others it might well be regarded as too outspoken. The report is therefore presented with the assurance that every effort has been expended in preparing it to steer between Scylla and Charybdis. The report has also been prepared in accordance with the usual statutory requirements and the instructions contained in the Minister's circulars as to content.

The vital statistics contained in Part I are of interest on account of the high figure recorded for infant mortality. This is dealt with in some detail.

In Part II—Epidemiology—the figures for the year are in every way satisfactory, particularly in regard to tuberculosis. The cyclical prevalence of measles must be borne in mind when considering the figures relating to that disease.

Part III which covers the Social and Personal Health Services contains nothing of a spectacular nature. Study of these services indicates the various ways in which the authority can assist towards the development of a more fully integrated health service.

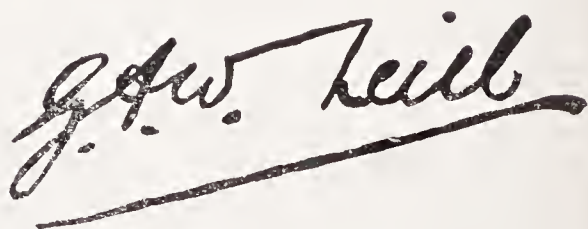
It is in the field of Mental Health (Part IV), however, that the interdependence of the constituents of the tripartite National Health Service is most clearly demonstrated. It is here also that there is the greatest opportunity for co-operation in improving the facilities available to the community in Barnsley.

In the Care of the Handicapped (Part V), further developments took place during the year with solid progress toward the opening of the long awaited Sheltered Workshop early in 1965.

Environmental Hygiene, described in Part VI, provided the Health Department with its most interesting job—the investigation of a number of cases of food poisoning. Apart from this the figures contained in this part of the report represent a great amount of painstaking work carried out to protect the health of the community and which more and more tends to be taken for granted. It is unfortunate, however, that the preparation of these figures is so time-consuming, as it is due to the difficulties experienced in obtaining them that this report has not been presented earlier.

As for a number of years now the figures contained in Part VII—School Health Service—confirm the high standard of health enjoyed by the school children of Barnsley.

It remains then only to thank all those people whose efforts and goodwill have contributed to a successful year's work. At the same time, it is desired to express on behalf of all the staff, appreciation of the many kindnesses and courtesies extended by the Mayor, Aldermen and Councillors.



Medical Officer of Health and
Principal School Medical Officer

1st October, 1965.

PART I

SOCIAL AND STATISTICAL INFORMATION

To do this it will be necessary to leave off Tobacco.
But I had some thoughts of doing that before, for
I sometimes think it does not agree with me.

Charles Lamb, 1775-1834

"The Londoner" in letter to
W. Wordsworth, 26th June, 1806

1. Geographical Situation : Latitude 53° 33" N.
Longitude . . . 1° 29" W.
2. Elevation : 125 ft. to 575 ft.
3. Area of County Borough : 7,817 acres.
4. Population : (a) Census 1961 74,650
(b) Registrar General's estimate
(1964 mid-year) 75,260
5. Density of Population : 9.63 persons per acre.
6. No. of inhabited houses : 23,864.
7. Rateable value at 31st December, 1964 : £2,194,982.
8. Sum represented by a penny rate : £8,739.

SOCIAL CONDITIONS

In the past it has been customary to examine in some detail, figures relating to unemployment in annual reports. Such figures in the era before the institution of a comprehensive system of social insurance were most pertinent to the vital statistics of the community. However, in an age of full employment, they are of less consequence. Nevertheless, it is of interest to examine the information provided by the courtesy of the manager relating to the Barnsley Employment Exchange.

	Men 18 and over	Women 18 and over	Total
As at 13.1.64—			
Wholly unemployed	784	212	996
Temporarily unemployed	32	7	39
As at 7.12.64—			
Wholly unemployed	490	194	684
Temporarily unemployed	31	5	36

VITAL STATISTICS

Births

	Males	Females	Total
Legitimate	704	641	1345
Illegitimate	49	40	89
	753	681	1434

Birth rate per 1,000 population	19.05
Adjusted by application of comparability factor of 0.98	18.67
Illegitimate live births (percentage of total live births)	6.20

Stillbirths

						Males	Females	Total
Legitimate	....	....	....	....	....	19	15	34
Illegitimate		....	....	....	....	—	2	2
						19	17	36
Rate per 1,000 total births (live and still)						....	....	24.49
Total live and stillbirths						1,470

Infant Mortality

Infant deaths under one year of age	43
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Infant Mortality Rates

Total Infant Deaths per 1,000 total live births	29.9
Legitimate Infant Deaths per 1,000 legitimate live births	....	....	....	....	....	....	....	30.48
Illegitimate Infant Deaths per 1,000 illegitimate live births	....	....	....	....	....	....	....	22.47

Neo-Natal Mortality Rate

Deaths under 4 weeks per 1,000 total live births	18.82
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Early Neo-Natal Mortality Rate

Deaths under 1 week per 1,000 total live births	18.13
-------------------------------------------------	------	------	------	------	------	------	------	-------

Perinatal Mortality Rate

Stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths	42.17
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ANALYSIS OF PERINATAL MORTALITY

Total perinatal deaths numbered 62 (i.e. stillbirths plus deaths under 1 week of age). Of these, 36 were stillbirths and 26, though born alive, subsequently died within 1 week of birth. Of the 26 born alive and subsequently dying within 1 week of birth, 7 were full term when born and 19 were premature at birth.

Of the 19 premature live births, 13 weighed 4 lbs. or less when born, 4 weighed between 4 lbs. and 5½ lbs. at birth and 2 were not weighed at birth.

Of the 36 stillbirths, 16 when born were full term, 19 were premature and 1 was not weighed. Of the 19 premature stillbirths, no less than 14 weighed 4 lbs. or less at birth and 5 weighed between 4lbs. and 5½ lbs.

It is emphasised that in many cases more than one factor has operated in the causation of death, e.g. in many deaths due to pulmonary atelectasis, prematurity has also existed and in the following table, only the major factor operating has been listed and taken to be the main cause of death.

Deaths in First Week of Life

Pulmonary Atelectasis	....	....	....	....	....	....	....	5
Imperforate Anus	....	....	....	....	....	....	....	1
Congenital Malformation of Diaphragm	....	....	....	....	....	....	....	1
Coarctation of Aorta	....	....	....	....	....	....	....	1
Congenital Intestinal Atresia	....	....	....	....	....	....	....	2

Oesophageal Atresia	....	....	....	....	....	....	....	....	1
Multiple Congenital Deformities	....	....	....	....	....	....	....	....	1
Gross Prematurity	....	....	....	....	....	....	....	....	11
Intra-Cranial Haemorrhage	....	....	....	....	....	....	....	....	1
Asphyxia Neonotorum	....	....	....	....	....	....	....	....	1
Accidental Haemorrhage	....	....	....	....	....	....	....	....	1
									<hr/> 26 <hr/>

Stillbirths

Anencephalus	....	....	....	....	....	....	....	....	7
Hydrocephalus	....	....	....	....	....	....	....	....	3
Placental Insufficiency	....	....	....	....	....	....	....	....	4
Gross Prematurity	....	....	....	....	....	....	....	....	4
Rhesus Incompatability	....	....	....	....	....	....	....	....	1
Anti-Partum Haemorrhage	....	....	....	....	....	....	....	....	4
Prematurity	....	....	....	....	....	....	....	....	1
Strangulation in Utero	....	....	....	....	....	....	....	....	1
Post Maturity	....	....	....	....	....	....	....	....	1
Cause Unknown	....	....	....	....	....	....	....	....	10
									<hr/> 36 <hr/>

ANALYSIS OF INFANT DEATHS 1 week—1 year

Congenital Deformities :									
Congenital Hydrocephalus	....	....	....	....	....	....	....	....	3
Congenital Heart Disease	....	....	....	....	....	....	....	....	2
Fulminating Upper Respiratory Infection	....	....	....	....	....	....	....	....	5
Gastro-enteritis and Broncho-pneumonia	....	....	....	....	....	....	....	....	3
Broncho-pneumonia	....	....	....	....	....	....	....	....	1
Virus pneumonia	....	....	....	....	....	....	....	....	1
Asphyxia due to overlaying	....	....	....	....	....	....	....	....	1
Gross Prematurity	....	....	....	....	....	....	....	....	1
									<hr/> 17 <hr/>

MATERNAL MORTALITY

No maternal deaths were registered in the County Borough during 1964.

DEATHS

Males—453 Females—392 Total—845

Crude Death Rate per 1,000 population	....	....	....	11.22
Adjusted Death Rate by application of comparability factor of 1.23	....	....	....	13.8

Comparison with 1963 shows an increase of 6 deaths. This results in a fractional increase in both the crude and corrected death rates which is so small as to be of no significance whatsoever. The adjusted figure is shown in the comparative table, Table II in the appendix.

A detailed statement of the number of deaths attributable to each of the causes in the Registrar General's abbreviated list is shown in Table I. The age group at death and the distribution of deaths between the sexes is also shown in this table.

Pulmonary tuberculosis accounted for 3 deaths.

Pneumonia and bronchitis were credited with 136 deaths, one more than in 1963.

Cancer deaths amounted to 130, 8 fewer than in 1963.

The findings at inquests held by H.M. Coroner during 1964 on Barnsley residents were as follows:

	Male	Female
1. Deaths certified from natural causes	9	2
2. Deaths certified as Road Traffic Accidents	4	1
3. Deaths certified as Occupation Accidents	1	—
4. Deaths certified as Home and Other Accidents	8	8
5. Deaths certified as Suicide	1	5
6. Deaths certified as Homicide	—	—
7. Any other causes	12	5
	<hr/> 35	<hr/> 21
		<hr/> 56

Comment

The feature of the statistics for Barnsley for 1964 which attracts most attention is the infant mortality figure of 29.9 per 1,000 live births. This figure shows a significant rise when compared with that for 1963 (23.34). The previous year's figure, whilst not greatly above the National average, had directed attention to the causes of infant death with the result that throughout the year the circumstances of each reported death and stillbirth were subjected to a most searching study. From this a number of facts have emerged.

Comparison with last year's figures shows that there were two fewer stillbirths and that only one more infant death occurred between 1 week and 1 year than in 1963. It would seem that an increase of 9 infant deaths arose in the early neo-natal period. The causes of stillbirth and early neo-natal death are complex and even when an autopsy is performed the picture is frequently far from complete. The more such cases are studied, the more obvious it becomes that a number of factors are involved, some at present imperfectly understood. The preparation of a formal list of causes of neo-natal death becomes a matter of choosing the most likely classification to meet each case on the strength of such significant facts as can be determined.

Whilst it would be unwise to place any great weight on figures based on such a list, it is felt necessary to attempt to prepare one. It must also be borne in mind that any deductions drawn from these figures are liable to revision in the light of information which may come to light in the future.

The foetus, although well protected mechanically during pregnancy, is particularly susceptible to a number of pernicious influences transmitted to it from the maternal bloodstream in the early developmental stages. Examples of this are the thalidomide incident and genetic blood incompatibilities. It seems likely that there are other such factors as yet undetermined, which may result in death in utero, premature termination of pregnancy, at a stage when there is little hope of the infant's survival, or in congenital defects, many of which are incompatible with life. Support for this theory comes from the

number of both early neo-natal deaths and stillbirths which are attributed to prematurity and congenital malformations. As regards gross prematurity, it is interesting to note that an increasing number of infants are born alive before the 28th week of pregnancy—the legally defined limit of viability. As might be expected, few of these survive. If they had not shown signs of life after delivery they might have been classified as “abortions” and need not even have figured in the stillbirth statistics.

Statistics regarding abortions are not available for a number of reasons. An unknown number of women have abortions and recover from them without medical aid. Some are treated at home by the family doctors, others enter hospital. Were such statistics obtainable it might be possible to show that with improving ante-natal care and obstetric techniques, pregnancies which previously terminated in abortions are now continuing to premature delivery or stillbirth. It has been shown that abortion is more likely to occur when the foetus or placenta is in some way imperfect and it may well be that this is a factor in the increase in early neo-natal deaths. Similarly, modern obstetrics are ensuring the delivery alive of infants with small chance of survival (some who are indeed incapable of survival). In the past such infants would have been stillborn.

In addition to all this, there is the evidence referred to in last year's report which relates the stillbirth and neo-natal mortality figures for an area to its social composition. The preponderance mentioned in last year's report of the Registrar General's Social Classes IV and V in Barnsley as compared with other areas, in itself predisposes to raised figures.

All this is a matter of great interest and towards the end of the year a pilot scheme was introduced, designed to collect and correlate information concerning each premature birth and stillbirth occurring in Barnsley. It is hoped in this way to collect a mass of information which may prove of statistical significance in the future elucidation of infant mortality, though it must be borne in mind that such a study could well be a very protracted one.

It is important to note that similar findings to those in Barnsley are also emerging in other industrial areas. Consequently the problem can not be regarded as a purely local one. Indeed a number of investigations such as the National Child Development Study, are being undertaken on Regional or National Scales. When approached on this subject every possible co-operation is offered by the medical staff of the Barnsley Health Authority to the body concerned.

With regard to infant deaths in the age group from 1 week to 1 year, the outstanding feature here has been fulminating acute respiratory infections. These have in some cases proved to be most virulent, such as the case of the child who was well until 11 p.m., was seen by the family doctor at 2 a.m., immediately admitted to hospital and was dead by mid-day. The nature and mechanism of these infections, nearly certainly virological, is not as yet fully understood. They are difficult to recognise at a time when treatment might possibly be of some avail and they must be responsible for many of the so called “unexplained cot deaths”. Autopsies suggest that some deaths from bronch-pneumonia with gastro-enteritis may be due to similar infections or perhaps lesser degrees of the same kind of infection.

The deaths in this age group attributed to congenital defects and prematurity are of basically similar origin to those neo-natal deaths from the same causes where modern methods have prolonged survival.

It is pleasing once again to be able to report the absence of deaths attributed to child birth. Table I which shows by age groups the numbers of deaths attributable to various causes calls for little comment.

Attention might, however, be directed to the deaths caused by cancer. A total of 28 of these were due to cancer of the lungs and bronchitis. It is true that this represents a decrease of 8 when compared with the figures for 1963 but it is still 10 more than the figure for 1962. The figures in Barnsley follow the National pattern in that 24 of these deaths occurred in males and only 4 in females. It would seem that in view of recent reports on the subject of the relationship of tobacco to lung cancer, the population of Barnsley would be well advised to follow the example of Charles Lamb as quoted at the head of this part of the report.

TABLE 1
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1964
IN THE COUNTY BOROUGH OF BARNSELEY

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS							75 and over			
					1—	5—	15—	25—	35—	45—	55—		65—		
1. Tuberculosis—Respiratory	M	3	—	—	—	—	—	—	—	—	—	1	—	1	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Tuberculosis—Other	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	1	—	—	—
3. Syphilitic Disease	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Malignant Neoplasm—Stomach	M	17	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	7	—	—	—	—	—	—	—	—	—	—	—	—	—
11. Malignant Neoplasm—Lung, Bronchus	M	24	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	4	—	—	—	—	—	—	—	—	—	—	—	—	—
12. Malignant Neoplasm—Breast	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	6	—	—	—	—	—	—	—	—	—	—	—	—	—
13. Malignant Neoplasm—Uterus	M	7	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14. Other Malignant and Lymphatic Neoplasms	M	34	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	31	—	—	—	—	—	—	—	—	—	—	—	—	—
15. Leukaemia, Aleukaemia	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	—	—	—
16. Diabetes	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	4	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Vascular Lesions of Nervous System	M	49	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	55	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Coronary Disease—Angina	M	86	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	49	—	—	—	—	—	—	—	—	—	—	—	—	—
19. Hypertension with Heart Disease	M	4	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	3	—	—	—	—	—	—	—	—	—	—	—	—	—
20. Other Heart Disease	M	47	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	64	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Other Circulatory Disease	M	11	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	27	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Influenza	M	3	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	—	—	—	—	—	—	—	—
23. Pneumonia	M	30	1	2	—	—	—	—	—	—	—	—	—	—	—
	F	25	—	2	—	—	—	—	—	—	—	—	—	—	—
24. Bronchitis	M	57	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	24	—	—	—	—	—	—	—	—	—	—	—	—	—
25. Other Diseases of Respiratory System	M	7	—	1	—	—	—	—	—	—	—	—	—	—	—
	F	5	—	4	—	—	—	—	—	—	—	—	—	—	—
26. Ulcer of Stomach and Duodenum	M	4	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	—	—	—	—	—	—	—	—
27. Gastritis, Enteritis and Diarrhoea	M	3	—	1	—	—	—	—	—	—	—	—	—	—	—
	F	4	—	2	—	—	—	—	—	—	—	—	—	—	—
28. Nephritis and Nephrosis	M	1	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	—	—	—
29. Hyperplasia of Prostate	M	4	—	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital Malformations	M	7	3	2	—	—	—	—	—	—	—	—	—	—	—
	F	5	3	1	—	—	—	—	—	—	—	—	—	—	—
32. Other Defined and Ill-Defined Diseases	M	33	11	—	—	—	—	—	—	—	—	—	—	—	—
	F	43	9	—	—	—	—	—	—	—	—	—	—	—	—
33. Motor Vehicle Accidents	M	11	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	3	—	—	—	—	—	—	—	—	—	—	—	—	—
34. All Other Accidents	M	15	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	13	—	—	—	—	—	—	—	—	—	—	—	—	—
35. Suicide	M	3	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	5	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL ALL CAUSES	M	453	15	6	2	6	8	4	11	37	90	128	146		
	F	392	12	10	2	1	2	2	8	31	48	95	181		
GRAND TOTALS		845	27	16	4	7	10	6	19	68	138	223	327		

PART I APPENDIX. TABLE II

Vital Statistics

Barnsley County Borough compared with those for England and Wales for Twenty Years

Year	Total (Est.) Popu- lation	LIVE BIRTHS			DEATHS			Deaths under 1 year of age			Maternal Mortality			Year
		Num- ber Barnsley	Rate per 1000 Pop. adjusted	Rate for England and Wales	Num- ber Barnsley	Rate per 1000 Pop. adjusted	Rate for England and Wales	Num- ber Barnsley	Rate per 1000 Live Births Barnsley	Rate for England and Wales	Rate per 1000 Live Births			
											Barnsley	England & Wales		
1945	69170	1377	19.90	16.1	845	12.22	11.4	78	56	46	1.42	1.79	1945	
1946	72430	1555	21.47	19.1	852	11.76	11.5	61	39	43	0.63	1.43	1946	
1947	73600	1663	22.59	20.5	875	11.88	12.0	72	43	41	1.17	1.10	1947	
1948	74730	1560	20.87	17.9	804	10.75	10.8	73	46	34	2.50	1.02	1948	
1949	75250	1436	19.08	16.7	803	10.67	11.7	59	41	32	0.00	0.82	1949	
1950	75780	1444	19.06	15.8	814	10.74	11.6	50	34	29	2.03	0.86	1950	
1951	74890	1342	17.92	15.5	883	11.97	12.5	43	32	29	0.73	0.79	1951	
1952	74730	1374	18.38	15.3	876	11.72	11.3	53	38	27.6	0.71	0.72	1952	
1953	74740	1370	18.33	15.5	813	12.83	11.4	51	37.22	26.8	0.00	0.76	1953	
1954	74850	1263	16.70	15.2	759	12.43	11.3	41	32.42	25.4	1.54	0.69	1954	
1955	74760	1255	16.62	15.0	826	13.02	11.7	49	39.04	24.9	0.00	0.64	1955	
1956	74830	1340	17.72	15.6	804	13.21	11.7	38	29.10	23.7	0.00	0.56	1956	
1957	75360	1324	17.39	16.1	802	13.19	11.5	33	24.92	23.0	0.75	0.47	1957	
1958	75580	1311	17.16	16.4	812	13.31	11.7	36	27.46	22.6	0.74	0.43	1958	
1959	75400	1382	18.15	16.5	837	13.65	11.6	32	23.15	22.2	0.00	0.38	1959	
1960	75450	1358	17.81	17.1	825	13.55	11.5	42	30.92	21.9	0.00	0.39	1960	
1961	74590	1378	18.28	17.4	871	14.33	12.0	37	26.85	21.6	0.00	0.33	1961	
1962	74910	1425	18.83	18.0	844	13.96	11.9	23	16.14	21.4	0.69	0.35	1962	
1963	75000	1414	18.47	18.2	839	13.76	12.2	33	23.34	20.9	0.00	0.28	1963	
1964	75260	1434	18.67	18.4	845	13.80	11.3	43	29.90	20.0	0.00	0.25	1964	

PART II

EPIDEMIOLOGY

Love's like the measles—all the worse when it comes late in life.

Douglas Jerrold, 1803-1857
"A Philanthropist", p.6

The total number of cases of infectious disease reported in Barnsley in 1964 amounted to 1,968. The ages of persons affected and the geographical distribution by Municipal Wards are set out in Table I. The seasonal distribution is shown in Table II in the appendix to this part of the report.

Details of the various diseases notified are as follows :

Scarlet Fever 44 cases

This compares with 59 cases in 1963 and 66 in 1962 and would appear to indicate that streptococcal infection continues to remain at a comfortably low level in Barnsley.

Diphtheria

Freedom from this disease has continued for still another year.

Pneumonia

128 cases were notified as compared with 137 in 1963.

Meningococcal Infection

As in the previous year there were 3 notifications.

Measles

There was a total of 1,438 cases notified during the year. The two year cycle of this disease which was due in the early months of 1965 commenced in the last three months of 1964, thus repeating the experience of the winter 1962/63. Reference to Table II will show that 1,036 cases were notified in the last two months of the year.

Whooping Cough

87 cases were notified. This compares with 31 in 1963. The increase, though not disturbing, suggests that parents may be becoming careless about securing immunisation against this disease.

Poliomyelitis

One notification of this disease was received.

Dysentery and Food Poisoning

201 cases of dysentery and 54 of food poisoning were notified. The arrangements which have existed in Barnsley over the past ten years were continued whereby general practitioners advise the Health Department of cases of gastro-enteritis and the department then investigates these and reports the results to the doctor. Thus all notifications are fully confirmed bacteriologically. This is most valuable, particularly in dealing with the families of food handlers and in the detection of healthy carriers and sub clinical cases.

Tribute must here and now be paid to those general practitioners who loyally honour this arrangement, despite all the difficulties doing so entails.

The incidence of Sonn  dysentery at 201 cases shows no material change from the previous year (207 cases notified). The notification of 55 cases of food poisoning is of interest, all but one of which would appear to have arisen from one incident. The facts relating to this are described in that part of this report which deals with food hygiene.

Comment

The overall picture of common infectious diseases in Barnsley was a satisfactory one for 1964. The incidence of measles by its sheer weight of numbers tends to stand out from the others. It will be interesting to observe whether, when a satisfactory immunisation agent against this disease is evolved, parents will avail themselves of it early enough in their children's lives to produce a drastic effect on the cyclical occurrence which is at present regarded as almost inevitable. There is no doubt at all that measles is a serious and dangerous disease in children despite the fact that the death rate from it has been drastically reduced in recent years by modern methods of treatment. Something has also been achieved by making it a notifiable disease and by following up notifications and contacts, though from the point of view of prevention the results of this have been disappointing, largely due to infectiousness early in the illness and the long incubation period. Active immunisation seems to offer the best hope of dealing with this unpleasant and disabling condition. The sooner therefore that it becomes available in a simple, effective and readily acceptable form, the better.

Dysentery and food poisoning, of all the preventable infectious diseases, offer the biggest problem. That they do not show a greater prevalence is entirely due to the vigilance of doctors, public health inspectors and health visitors. In the past two reports of this series, attention has been drawn to the remarkable indifference shown by the public, both food consumers and food handlers, to the hazards of infection arising from eating another individual's faeces. This is naturally evident to those who during the year found it necessary to investigate cases of food poisoning. It would seem that few individuals are prepared to try to remember accurately what they have taken as recently as forty-eight hours ago. If they do they either cannot or will not disclose the source from which the food was obtained.

Tuberculosis

Notifications of pulmonary tuberculosis amounted to 23 during 1964 and there was one notification of the non pulmonary form of the disease—in the spine. There were three deaths from pulmonary tuberculosis and one from non pulmonary tuberculosis. Statistical information relating to tuberculosis is set out in Tables III and IV in the appendix to this part of the report.

Comment

Again it is possible to report a low figure for the notification of tuberculosis in Barnsley. The overall number of reported case was 24 (23 pulmonary and 1 non pulmonary). This equals the figure for 1961 (22 pulmonary and 2 non pulmonary). At the same time, the deaths attributed to the disease equal the lowest figure previously recorded in 1959 (3 pulmonary and 1 non pulmonary). This position is indeed satisfactory and it is to be hoped that it will not only be maintained, but improved upon.

Comment has been made in previous reports on the factors which have combined to bring this about—improved social conditions and housing, improved methods of treatment of established cases of tuberculosis, detection of unsuspected reservoirs of infection and vaccination against the disease. In the future it would appear that it is to the last two of these factors that the community must look for the further reductions in the incidence of tuberculosis, which will herald its ultimate disappearance. Increased use of the facilities already made available by the health authority to the community would seem to be the logical method of achieving this final objective.

In considering this it is well to bear in mind that as human reservoirs of infection are eliminated, so the possibility of the individual acquiring a natural immunity is also eliminated. Thus a time might come when tuberculosis would cease to be “the most curable of diseases”. It therefore behoves all concerned with this problem, particularly the younger members of the community whose children (or who even themselves) may be at risk, to give increasing thought to obtaining an artificial immunity against tuberculosis by means of B.C.G. vaccination.

Venereal Diseases

The figures for new cases attending the Barnsley Special Treatment Centre and giving addresses in Barnsley were :

Syphilis	....	....	....	....	2
Gonorrhoea	....	....	....	....	13
Other conditions	....	....	....	....	83

In the absence of returns from other centres the assumption must be accepted that no cases giving Barnsley addresses attended these centres.

Only two cases of syphilis were reported compared with seven in the pervious year. The number of cases of gonorrhoea at 13 was identical with that for 1963. It is gratifyng to note that the number of “other conditions” remains almost constant. From this it would appear that reasonable use continues to be made of the special treatment facilities provided in the area. This is not without importance since it is not unknown for patients who suspect venereal infection to travel considerable distances and in attending distant centres, to give fictitious names and addresses. In an area where this is prevalent it would be fallacious to regard the figures of the local centre as a true incidence of venereal infection in the area it serves. However, when the overall attendances remain fairly constant from year to year, particularly as regards “other conditions”, it would seem that these attendance figures may be regarded as a fairly reliable indication of the amount of venereal infection present in the community.

Scabies

Figures relating to Scabies in Barnsley in 1964 are as follows :

Children

Number treated	....	....	....	....	49
Number of attendances	....	....	....	....	95

Adults

Number treated	....	....	....	....	26
Number of attendances	....	....	....	....	45

PART II APPENDIX. TABLE I.
Notifiable Infectious Diseases (excluding Tuberculosis) Age and Ward Distribution, as Corrected.

Number of cases notified in Barnsley during 1964											Total Cases in each Ward								Removed to Hospital					
NOTIFIABLE DISEASES	All Ages	Under 1 year	1 year and under 3 years	3 years and under 5 years	5 years and under 10 years	10 years and under 15 years	15 years and under 25 years	25 years and over	North Ward	South Ward	East Ward	West Ward	South East Ward	South West Ward	Central Ward	Ardsley Ward	Monk Bretton Ward	Carlton Ward	Kendray Isolation Hospital	Beckett Hospital	Home Cases	St. Helen Hospital	Mexbro' Montague Hospital	Doncaster Infect. Dis. Hosp.
	44	—	5	6	20	10	2	1	3	1	—	2	4	—	—	7	13	14	14	—	30	—	—	—
	87	13	28	11	31	3	1	—	6	—	—	1	1	—	3	30	34	12	4	—	83	—	—	—
	1438	56	342	472	559	9	—	—	156	55	93	101	110	69	24	196	94	540	3	—	1435	—	—	—
	128	8	13	9	5	4	5	84	10	2	10	7	7	5	—	36	26	25	66	1	58	1	1	1
	3	—	—	—	1	1	—	1	—	—	—	—	—	—	—	1	1	1	3	—	—	—	—	—
	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—
	201	10	37	36	56	18	10	34	5	6	1	7	10	5	—	32	46	89	12	—	189	—	—	—
	6	—	—	—	—	—	4	2	—	1	—	4	—	3	1	2	1	—	2	—	52	6	—	—
	54	2	7	4	5	6	7	23	—	—	10	—	—	—	—	—	3	21	—	—	—	—	—	—
	6	—	—	—	—	1	1	4	—	—	—	—	—	—	—	1	3	1	—	—	6	—	—	—
TOTALS	1968	89	432	538	677	52	31	149	180	65	114	122	137	82	28	305	232	703	105	1	1853	7	1	1

TABLE II. Notifiable Infectious Diseases (excluding Tuberculosis)

Table shewing monthly prevalence during the year 1964

NOTIFIABLE DISEASES	JAN.	FEB.	MAR.	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
Scarlet Fever	6	3	2	2	5	6	2	4	3	3	3	5	44
Whooping Cough	9	11	21	17	10	9	4	1	—	1	1	3	87
Measles	28	40	12	8	1	13	22	17	39	222	383	653	1438
Pneumonia	28	17	8	10	7	5	10	5	5	2	5	26	128
Meningococcal Infection	—	—	—	—	—	—	2	—	1	—	—	—	3
Poliomyelitis	—	—	—	1	—	—	—	—	—	—	—	—	1
Dysentery	19	48	21	14	36	40	3	9	—	2	—	9	201
Puerperal Pyrexia	1	1	—	1	—	—	—	1	1	—	—	1	6
Food Poisoning	—	—	—	—	—	—	1	17	20	13	—	3	54
Erysipelas	3	—	—	1	—	—	—	—	—	—	—	2	6

TABLE III
Tuberculosis — Notifications and Deaths
For 15 years

Year	Pulmonary			Other Forms of Tuberculosis			Total Tuberculosis Death Rate
	Notified	Died	Death Rate per 1000 living	Notified	Died	Death Rate per 1000 living	
1950	118	26	0.34	16	1	0.03	0.37
1951	114	18	0.25	12	3	0.04	0.29
1952	67	23	0.30	6	3	0.04	0.34
1953	60	13	0.17	11	—	0.00	0.17
1954	54	16	0.21	11	2	0.03	0.24
1955	71	8	0.10	6	—	0.00	0.10
1956	62	11	0.14	8	—	0.00	0.14
1957	56	7	0.09	6	3	0.04	0.13
1958	38	8	0.10	6	1	0.01	0.11
1959	28	3	0.04	4	1	0.01	0.05
1960	32	6	0.08	3	—	0.00	0.08
1961	22	5	0.07	2	1	0.01	0.08
1962	25	18	0.24	3	—	0.00	0.24
1963	35	5	0.07	2	—	0.00	0.07
1964	23	3	0.04	1	1	0.01	0.05

TABLE IV
Tuberculosis—New Cases and Deaths 1964
Classified into Age Groups

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 years	—	—	—	—	—	—	—	—
1—2	—	1	—	—	—	—	—	—
2—5	1	—	—	—	—	—	—	—
5—10	—	—	—	—	—	—	—	—
10—15	2	2	—	—	—	—	—	—
15—20	—	1	—	—	—	—	—	—
20—25	—	3	—	—	—	—	—	—
25—35	—	1	—	1	—	—	—	—
35—45	—	2	—	—	—	—	—	—
45—55	4	—	—	—	—	—	—	—
55—65	6	—	—	—	1	—	—	1
65—75	—	—	—	—	1	—	—	—
75 and over	—	—	—	—	1	—	—	—
Totals	13	10	—	1	3	—	—	1

PART III

SOCIAL AND PERSONAL HEALTH SERVICES

National Health Service Acts, 1946-52

National Assistance Acts, 1948 and 1951

What man that sees the ever-whirling wheel
Of Change, the which all mortal things doth sway,
But that thereby doth find, and plainly feel,
How Mutability in them doth play
Her cruel sports, to many men's decay?

Edmund Spenser, 1552-1599.

"The Faerie Queene", bk. VII, c.vi.i.

The practice, found to be convenient in the past, of considering these services under the heading of the Section of the Statute authorising their provision is continued in the pages which follow.

HEALTH CENTRES

National Health Service Act, 1946, S.21

Purpose designed buildings have been provided at Laithes Lane and at Littleworth Lane, Pontefract Road, to serve the Athersley and New Lodge and the Lundwood housing estates. At these premises those services which are the particular responsibility of the local health authority are available to the community.

Work was commenced at the end of the year on the new purpose designed premises at Stairfoot. It is hoped that these will be in use by the end of 1965. As in the case of the authority's other purpose built clinic premises, provision has been made to allow of expansion to accommodate services other than those provided by the health authority. As forecast in last year's report, the clinic previously held in the Limes Hostel was transferred across the road to Jordan House towards the end of the year. These premises are now in the possession of the Health Committee and the development of the site on which they stand for health service purposes has been forecast in the authority's "Ten-Year Plan".

CARE OF MOTHERS AND YOUNG CHILDREN

National Health Service Act, 1946, S.22

The services provided under this section at the end of 1964 were available at:

1. The Medical Services Clinic, New Street.
2. Clinic, Laithes Lane, Athersley.
3. Clinic, Littleworth Lane, Lundwood.
(the above are purpose designed buildings).
4. Hunningley Villa, Stairfoot.
5. Carlton Clinic, Carlton.
6. The Old Council Offices, Monk Bretton.
7. Jordan House, Gawber Road, Barnsley.

Barnsley, Athersley, Ardsley, Lundwood and Carlton Ante-Natal Centres

ANTE-NATAL AND POST NATAL CLINICS

	Barns- ley	Athers- ley	Ardsley	Lund- wood	Carlton	Total
ANTE-NATAL CLINICS						
1. No. of sessions held during year	78.5	49	52	47	26.5	253
2. No. of women who attended during the year	223	72	126	115	44	580
3. No. of New Cases included in the above	170	57	100	93	40	460
4. No. of attendances made during the year	853	248	489	447	197	2234
POST-NATAL CLINICS						
1. No. of sessions held during year	8	—	6	2	3	19
2. No. of women who attended during the year	9	—	6	2	3	20
3. No. of New Cases included in the above	9	—	6	2	3	20
4. No. of attendances made during the year	9	—	6	2	3	20

Note:

- Of Barnsley's 223 Ante-Natal Cases
6 were transferred to St. Helen Hospital.
- Of Athersley's 72 Ante-Natal Cases
2 were transferred to St. Helen Hospital.
- Of Ardsley's 126 Ante-Natal Cases
5 were transferred to St. Helen Hospital.
- Of Lundwood's 115 Ante-Natal Cases
2 were transferred to St. Helen Hospital.
- Of Calrton's 44 Ante-Natal Cases
1 was transferred to St. Helen Hospital.

542 Maternity Outfits were issued to patients during the year.

Barnsley, Athersley, Ardsley, Lundwood, Carlton, Jordan House and Monk Bretton Infant Welfare Centres
ANNUAL REPORT — 1964

INFANT WELFARE	Barnsley	Athersley	Ardsley	Lundwood	Carlton	Jordan House	Monk Bretton	TOTAL
1. No. of sessions held during year at centres	199	99	99	53	26.5	49	50	575.5
2. No. of children who first attended a centre during the year, and at their first attendance were under 1 year of age	504	229	203	110	41	119	92	1298
3. No. of children who attended during the year and who were born in:								
1964	451	195	184	101	39	111	79	1160
1963	427	250	150	102	42	96	71	1138
1962-59	335	213	122	82	49	106	83	990
4. Total No. of children who attended during the year	1213	658	456	285	130	313	233	3288
5. No. of attendances during the year, made by children who at the date of attendance were								
0-1 yr.	5714	2504	1973	1194	506	1474	1061	14426
1-2 yrs.	941	651	397	237	130	364	181	2901
2-5 yrs.	377	340	140	107	51	139	89	1243
6. Total No. of attendances made during the year	7032	3495	2510	1538	687	1977	1331	18570

Note—Of Barnsley's 1,213 Infant Welfare Cases, 42 attended the Paediatric Clinic at New Street Clinic, and made 59 attendances in 27 sessions.
187 children were referred to Specialists during the year.

Dental Care of Mothers and Young Children 1964

Mr. J. KILNER, T.D., B.D.S., L.D.S., Chief Dental Officer, reports

A Nursing and Expectant Mothers

In spite of a marked improvement in the recruitment of full time Dental Officers, the dental services provided to the Nursing and Expectant Mother shows no increase on last year. This is certainly due to the greater use by this class of patient of the Executive Council services. Doctors, nurses, midwives and health visitors are asked to ensure that the mother presents for a dental inspection during pregnancy and the mothers are actually given a form indicating the date of confinement and a brief summary of the patient's health condition should a general anaesthetic be necessary. Many, however, prefer to attend "their own dentist", and once again it is stated that the most popular form of treatment at the clinic is the provision of artificial dentures. Of 129 nursing and expectant mothers examined at the Authority's clinics in 1964, 42 were provided with dentures—some 32.5%. Fillings totalling 55 were the lowest in twelve years. The figure of 299 teeth extracted is not abnormal and includes a number of patients who had a clearance either total or partial.

The demand for treatment is constant at New Street (the central Clinic) where 63 patients sought treatment, whilst at the Laithes Lane, Athersley Clinic 60 patients sought treatment. The Lundwood Clinic which was not operational until the end of 1964 records 6 patients of this class seeking treatment.

Because of the sporadic demand for treatment, it was uneconomical to devote whole sessions to Maternity and Child Welfare treatment—these patients being inspected and treated during sessions devoted to the treatment of school children. The number of Dental Officer session shown in Part C of the statistics is 53.

In 1964 the number of live births in the Barnsley area was 1,430 (M); the number of Nursing and Expectant Mothers eligible for treatment ($M \times 1\frac{3}{4}$) was 2,502.5, of whom 127 received treatment (approximately 5 per cent).

B Children under 5 years of age

The national statistics for this type of patient, the "toddler", show that for every hundred children treated, the number of conservations exceed the number of extractions. In Barnsley last year 204 toddlers were examined, 161 received treatment, which consisted of 199 extractions against 94 fillings. It would be wrong to assume however, that the toddlers of Barnsley have worse teeth than those of any other area, because the majority of the extractions were performed as "emergencies", i.e. the child presents at the clinic with a gumboil and/or toothache and requiring an immediate extraction. Invariably the child is not seen again as the parent is content to wait for another dramatic incident before seeking further treatment: a few cases of extraction resulted from the routine dental inspection prior to tonsillectomy.

The hard core of regular attenders whose enlightened mothers bring the child every six months for a check up continues to give hope for development of this service. In September 1964 Miss J. M. Walters, a Dental Auxiliary, trained at the New Cross Dental Hospital, commenced duties at the New Street Dental Clinic and this appointment has proved both popular and successful. It is much more pleasant for the toddler to meet a pleasant female on his or her first visit to the dentist, and the toddler soon feels at ease, and progress and co-operation soon follow.

During 1965 it is hoped to try out new ideas for the provision of treatment to the child under five years of age.

A summary of the work completed in the Authority's Dental Clinics is tabulated below.

DENTAL REPORT—CARE OF MOTHERS AND YOUNG CHILDREN **YEAR ENDED 31st DECEMBER, 1964**

Summary of Dental Treatment of Expectant and Nursing Mothers and Children under school age during 1964

A. NUMBERS PROVIDED WITH DENTAL CARE

	Number of persons examined during the year	Number of persons who commenced treatment during the year	Number of courses of treatment completed during the year
(1) Expectant and Nursing Mothers	129	127	63
(2) Children aged under 5 and not eligible for School Dental Service	204	161	155

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B. FORMS OF DENTAL TREATMENT PROVIDED

	Scalings and gum treatment	Fillings	Silver Nitrate treatment	Crowns and Inlays	Extractions	General Anaes- thetics	DENTURES PROVIDED		Radio- graphs
							Full Upper or Lower	Partial Upper or Lower	
1. Expectant and Nursing Mothers	27	55	—	—	299	38	77	3	3
2. Children aged under 5 years and not eligible for School Dental Service	—	94	—	—	199	116	—	—	—

C. NUMBER OF PREMISES AND SESSIONS

- Number of Dental Treatment Centres in use at end of year for services shown in Part B above 3
- Number of Dental Officer sessions (i.e. equivalent half days) devoted to Maternity and Child Welfare patients during the year 53

Dental Statistics—Mothers and Young Children

(Maternity and Child Welfare patients)

Number of patients inspected and treated	....	....	333
Number of visits made by patients	....	....	758
Number of treatment sessions	....	....	53
Number of anaesthetic sessions	....	....	—
Number of fillings	....	....	149
Number of scalings	....	....	27
Number of extractions	....	....	498
Number of other operations	....	....	271
Number of dentures supplied	....	....	80
Number of patients supplied with dentures	....	....	42
Number of prosthetic operations	....	....	247

Orthopaedic Clinic

The report of the work at the orthopaedic clinic for children under school age during the year is as follows:

Inspections at the Clinic

Visits of Orthopaedic Surgeon 13 sessions

Number of new cases seen

New patients 74

Re-examinations 149

The work of the Physiotherapist is as follows:

Relaxation Classes

	New Street	Athersley	Lundwood	All Clinics
Sessions	143	43	16	202
New patients	187	32	21	240
Attendances	944	198	95	1237

Treatment of children under 5 years of age
(postural and other defects)

Number of patients treated 5

Number of attendances made 208

Children requiring surgical appliances continued to obtain these through the Beckett Hospital, Barnsley.

Ultra-Violet Light Treatments

Medical Services Clinic, New Street, Barnsley

a. Children 0-5 years

Number treated 2

Number of attendances 8

b. Expectant or Nursing Mothers

Number treated Nil

Psychiatric Services

The Child Psychiatrist who conducts Child Guidance Clinics at the Education Authority's Centre is available to advise the medical and nursing staff on general and individual problems of emotional development and behaviour. Both mental health officers who are allocated to work in the child guidance team are State Registered Nurses and hold the health visitor's certificate. They are also responsible for all mental health work amongst handicapped children of all ages.

Other Specialist Services

The Consultant Ear, Nose and Throat Surgeon, the Ophthalmologist and the Paediatrician, who hold consultant clinics for school children, are available for and see children under school age. The services of the speech therapist are also available. Children under 5 years of age made 66 attendances for speech therapy. The services of the audiology technician may also be called upon for this group. 29 children under 5 years underwent a hearing test during the year.

Nursing Homes

There are no nursing homes in the County Borough.

Homes for Mothers and Babies

“Ad hoc” arrangements for expectant mothers were made with voluntary bodies in 17 cases during the year. This compares with 13 in 1963.

It is of interest to observe that during the past two years there has been an appreciable increase in the number of illegitimate births.

Illegitimate Births					
1962		1963		1964	
Live Males	33	Live Males	32	Live Males	49
Live Females	35	Live Females	37	Live Females	40
Stillbirth Males ..	—	Stillbirth Males ..	—	Stillbirth Males ..	—
Stillbirth Females —		Stillbirth Females 2		Stillbirth Females 2	

The Health Visitors contact and supervise all unmarried expectant mothers who come to their notice to ensure that they receive adequate ante-natal care.

The “At Risk” Register

This register represents a new concept in preventive medicine designed as it is to give frequent surveillance to those children born into the community who are recognised at once as being handicapped or who, for various reasons are “at risk” of becoming handicapped in some particular way. Thus it can be seen that the keeping of such a register has, as its primary objective, the very early recognition of a handicap when it appears in a particular case, based on all the evidence available, that such a handicap is more likely to manifest itself in a particular child than would ordinarily be the case. The importance of this objective of early recognition whether the potential handicap be physical, mental or a continuation of both, needs no stressing. Such a register has now been kept in the County Borough since 1963 and the maintenance of the register is the responsibility of a senior member of the medical staff.

Information concerning every child born in the County Borough is first collected and correlated by the area health visitor. The information thus obtained by the area health visitor at her first visit is then vetted by the medical officer and the latter records his decision as to whether a particular child’s name should be entered on the register. Once a child’s name has been placed on

the register, closer supervision of that child's health and progress automatically follows and at any time thereafter, expert opinion may be called forth. Should it happen during the course of supervision that the existence of a handicapping condition is confirmed, the child's name is removed from the register and transferred to the handicapped children's register. At the same time, specialised treatment and training may then be instituted. In other cases when it becomes abundantly clear that no handicap has been detected, a particular child's name may be removed from the register.

Since the register was instituted, experience has shown that unless care is taken there is a tendency for too many children to be placed on the register on the basis of evidence which is too flimsy—so much so—that there is a tendency for the register to defeat its own object—that is to say that so many children are placed on the register that the amount of extra care necessary becomes too much for the staff available to the Public Health Department. Again, as smore and more experience becomes available, it has become evident that in addition to the need for an “at risk” register, there is also a need for a “special at risk” register which has been devised for this authority. On this register are placed children born into a few families whose history has shown that children born into them are at “special” risk for one reason or another, usually because the family is of the “problem” type or because there have been infant deaths in the family before. The risk here is not that the child should eventually prove to be handicapped but that there is a special risk—usually right from the beginning—that this child in such a family may die if special care and attention are not given. Some illegitimate births come into this category also. Families placed on this “special at risk” register are given very special attention designed towards avoiding “avoidable” risks to children born into such families. In fact most of them are on the register referred to in the section of this report which deals with “children likely to be neglected in their own home”.

At Risk Children—1964

Simply at risk	....	....	....	....	....	....	308
Special at risk register	....	....	....	....	....	....	20
Live births during 1964	....	....	....	....	....	....	1430

Congenital Malformations

It is now the practice for every local health authority to collect all information concerning congenital malformations occurring in children born in their area and to submit this information to the Ministry of Health in accordance with a list of classified malformations supplied by the Registrar General. Such information is obtained from all sources within the County Borough concerned with the care of new born infants including general practitioners, midwives and hospital authorities. Information is supplied to the Medical Officer of Health with respect both to live and stillbirths.

Malformations detected in 1964 — 25.

Distribution of Welfare Foods

As in the past the practice was continued of making available certain proprietary brands of dried milk and other proprietary diet supplements at a reduced price. This concession is, of course, subject to the preparation being recommended by a member of the medical staff. The total receipts resulting from these transactions in 1964 amounted to £4,539/17/6 (£4,565/10/9 in 1963).

The health authority undertakes the distribution of the various Welfare Foods and diet supplements provided by the Ministry of Health, in continuation of the scheme previously operated by the Ministry of Food from local food offices. The organisation described in previous reports has operated well and no difficulties in working it were encountered.

WELFARE FOODS

	Barnsley	Athersley	Ardsley	Lundwood	Carlton	Jordan House	Monk Bretton	TOTAL
Free Issues								
Dried Milks	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Total Cost to the Committee	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
1963								
1964								
Receipts for the year								
1963—Dried Milks	£1807 0 3	£1149 9 9	£520 15 7	£296 17 8	£154 3 1	£394 12 3	£242 12 2	£4565 10 9
Welfare Foods	£661 16 10	£233 10 8	£101 4 10	£77 13 6	£28 6 10	£90 17 6	£52 3 8	£1245 13 10
1964—Dried Milks	£2072 9 6	£866 4 3	£496 5 0	£344 16 11	£98 16 7	£361 16 0	£299 9 3	£4539 17 6
Welfare Foods	£717 18 2	£176 13 2	£94 10 6	£81 13 6	£18 15 2	£80 8 2	£49 14 0	£1219 12 8

WELFARE FOODS

	Cod Liver Oil	Vitamin A & D Tablets	Orange Juice	National Dried Milk			
	Free	Paid	Free	Paid	Free	Paid	Full Price
Barnsley	179	503	757	5761	139	1267	514
Athersley	125	88	425	1274	54	397	155
Ardsley	122	105	496	936	10	81	39
Lundwood	144	67	381	583	184	192	55
Carlton	4	40	9	205	—	8	—
Jordan House	5	107	14	889	—	46	3
Monk Bretton	1	50	18	575	—	6	11
	580	960	2100	10223	387	1997	777
						3	2

Comment

When compared with the previous year, attendances during 1964 at the ante-natal clinics show only a fractional decrease. In view of present-day trends in the development of the obstetrical aspects of the National Health Service, this would appear to indicate that the community has a considerable regard for the provisions made by the authority. In examining and assessing the work done during the year and the possible implications of figures based upon it in planning for the future, it must be borne in mind that a number of complex factors are involved. The resources in personnel and "know-how" available to the authority and to its partners in the service are subject to limitations, so where an advantage appears, it seems advisable to make the best possible use of it. In Barnsley there would appear to be some advantage in the fact that women who are destined to be confined at home are "clinic conscious". There seems to be amongst them a readiness to attend clinics—and the fullest possible use should be made of this readiness.

Examination of ante-natal clinic attendance figures over the years confirms this, despite the fact that on superficial examination, attendances are going down. In 1949, the first full year of the National Health Service, 1076 ante-natal patients made 4402 attendances at health authority clinics in Barnsley. Of these, 477 were transferred to St. Helen Hospital. In 1964, 580 women made 2234 attendances but only 16 of these were referred to hospital. These figures are some measure of the development of the obstetrical services in the area. They demonstrate that those patients who require institutional confinement are being directed from the first into the proper channel.

In the past fifteen years the hospital obstetrical services, founded on the adequate provision of maternity beds (made incidentally by the local authority before the "appointed day") have grown up side by side with the maternity medical services provided by general practitioner obstetricians. This has had the effect of materially reducing the duplication of services for women confined in hospital, without limiting in any way the facilities available to the individual—a most satisfactory result for all concerned in its attainment.

Now "clinic consciousness", particularly amongst women whose confinements will take place at home, is something to be encouraged. It is probably because this exists fairly widely throughout the country that the Ministry of Health in several reports on the subject has required that local health authority ante-natal clinics should continue. It would appear that the Ministry appreciates that this may entail duplication of services, and there is little doubt that in many areas, duplication does in fact occur. However, so long as ante-natal clinics offer a ready means, which she is prepared to use, of getting the expectant mother to seek care early in pregnancy and of keeping in touch with her, there can be no justification in discontinuing them. It must, however, be recognised that in their present form they represent to some extent, a waste of medical manpower and administrative effort which could with advantage be re-directed into other channels.

Today, nearly every expectant mother contemplating having her baby at home, books the services of a general practitioner obstetrician who accepts responsibility for her ante-natal care and her confinement. The health authority appreciates this and are prepared to offer clinic facilities to all general practitioner obstetricians to carry out the ante-natal care of their own booked patients at the authority's premises (without charge to the doctor). It is felt that acceptance of this offer would be of benefit to all concerned. The doctor would be able to make use of all the facilities available at the clinic, the patient could indulge her "clinic consciousness" to the full and the local authority medical staff would have the time now spent on ante-natal clinics to devote to wider and less explored fields of social medicine. Thus, such duplication of care as now exists would be eliminated and the many ethical problems it incurs might be avoided. It is to be hoped therefore that the general practitioner obstetricians in Barnsley will give consideration to this offer which, properly handled, could go a very long way towards the development of a fully integrated maternity service and this could not fail to be of advantage to all concerned.

In the field of infant welfare, the picture is slightly different. Still, nevertheless, there is room for closer integration here between the local authority's preventive and social medical services and the curative ones provided by the general practitioner. To make a comparison with 1949 in this field at first shows little alteration. Fifteen years ago, 3137 children under 5 years of age made 18,728 attendances at five centres maintained by the authority. In 1964, 3288 children made 18,570 attendances at seven centres. At first it would appear that little change has taken place. It must be remembered, however, that in 1949 the community had not got used to the National Health Service and consequently, many of the attendances recorded then were of children whose parents believed them to require curative treatment and visited the clinic to ascertain whether a visit to the general practitioner would be justified. They still had to get used to the idea that a visit with a child to a surgery did not involve expenditure. Today, attendances at the clinics are for advice on the maintenance of good general health to such an extent that in a recent departmental report, the infant welfare centre is referred to as the "well baby clinic". In addition to the early detection of developmental defects, the aim of such clinics must be to assist parents in the healthy upbringing of their children. Here again, there is much to be said for the doctor who must care for the child in sickness getting to know something about the same individual in health. This thought followed to its logical conclusion must suggest a number of varied possibilities for closer integration between the general practitioner and the authority's services in the field of child health.

That such integration must materialise sooner or later is inevitable in the evolution of a comprehensive National Health Service. There would seem to be a number of strong arguments in favour of the parties concerned getting together to effect integration sooner rather than later.

Reflection on this aspect of the care of mothers and young children shows some measure of the distance "the ever whirling wheel of change" has turned in Barnsley during the past fifteen years. This would have been apparent sooner had not the local authority's health services attained such an advanced stage of development prior to the appointed day. At that time the local authority was the sole legally constituted body with an absolute statutory responsibility for health within its boundaries. In those circumstances, decisions could be taken and services developed as the need appeared to authority. With the coming of the National Health Service the position has undergone a profound alteration. The local health authority today shares responsibility with the Executive Council and the Regional Hospital Board. Nowhere is this more evident than in matters relating to mothers and young children.

If the standards attained in Barnsley by the local authority on the appointed day are to be maintained, it is essential that all three bodies recognise that their responsibility is a shared one and though it may involve some sacrifice, make every effort to move closer together towards integration in a single National Health Service. Only in this way can the community derive the full benefit of the resources available which it must now be accepted are limited by factors quite beyond the control of the local bodies concerned.

As in previous years the various specialist services were utilised and the authority's medical auxiliaries had a busy year. It will be observed that the relaxation classes for expectant mothers held by the physiotherapist continued in popularity.

The arrangements for the provision of audiology and audiometric testing were continued during the year as were those for speech therapy and for the supply of Nationally available Welfare Foods.

It will be noted that there was an increase in the number of unmarried mothers for whom the authority made "ad hoc" arrangements with Mother and Baby Homes run by voluntary organisations. Despite this there would seem to be no necessity for the authority to take panic measures to provide a Mother and Baby Home in Barnsley. The increased experience gained during the year has emphasised the desirability of getting these girls away from their normal environment during the later stages of pregnancy and whilst a decision is being taken about the future of the infant. The value of this is so striking that for the present it has been decided to omit financial provision for a Mother and Baby Home from capital expenditure programmes during the immediate future.

MIDWIFERY

National Health Service Act 1946, S.23

Despite difficulties in the recruitment of midwives, at the end of the year there were 10 midwives in post. This enabled a reasonable duty rota to be maintained though the margin available for absences due to sickness, holidays and refresher courses was, at those times

when the service was busy, uncomfortably narrow. However, recent fluctuations in bookings, combined with alteration in views regarding confinement in hospital and early discharge would seem to indicate that whilst it would be desirable to recruit up to the full establishment of 12 midwives, the need to do so is not perhaps quite so pressing as in the past.

The administrative arrangements continued unchanged. The non-medical supervisor and her assistant combine these duties with those of superintendent home nurse and assistant. The arrangements are such that an administrative officer is available on call at all times to ensure proper deployment of the midwives, and allocation of duties. The midwives have a room at the district nursing centre adjacent to the New Street Clinic where facilities exist for the sorting and stocking of their bags and exchange of equipment. This has proved to be of great value to them as it provides facilities (sterilisation etc.) not normally available in the homes, and offers them a common ground for discussion and exchange of ideas.

All the midwives have been issued with the "Tecota Mark 6 machine" for the administration of Trichloroethylene during labour. Trichloroethylene was administered in 323 cases in 71 of which the midwife was with the doctor. Pethedine was administered in 188 cases. In 44 of these the doctor was present with the midwife.

Medical Aid

Medical aid was summoned in accordance with the provisions of Section 14(1) of the Midwives Act, 1948, as follows:—

(i) Where the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service	....	....	....	48
(ii) Other	....	....	....	7

Teaching of Midwifery

The number of midwives recognised as teachers in the health authority's service at the end of the year was three. During 1964, five pupils received instruction from teacher midwives as well as a course of lectures at the Corporation's health department. All were successful in the Central Midwives Board examination.

Domiciliary Midwifery and Institutional Confinement

During 1964 in Barnsley :—

- 3 women who did not book a doctor were attended at home by municipal midwives and in one case was the doctor present at the time of delivery of the child.
- 159 women who booked a doctor were attended by municipal midwives and the doctor was present during labour.
- 26 women who booked a doctor were attended by municipal midwives and a doctor was present at delivery.
- 58 women who booked a doctor were attended by municipal midwives and a doctor was present at labour and at the time of delivery of the child.
- 205 women who booked a doctor were attended by municipal midwives and a doctor was not present at either labour or delivery of the child.

- 284 women who were confined in hospital were discharged before the 10th day of the puerperium. They were attended between the time of discharge and the 14th day by domiciliary midwives provided by the health authority (207 in 1963).
- 9,177 visits were paid by midwives during the puerperium (up to the 14th day) to patients delivered at home (compared with 10,338 in 1963).
- 205 post-natal visits were paid by midwives (after the 14th day).
- 2,264 ante-natal visits were paid to women in their own homes by the authority's midwives (2,058 in 1963).
- 3,019 visits were paid by midwives to women who were discharged from hospital before the 14th day (2,992 in 1963).
- 654 other visits were paid by midwives.
- 449 attendances at ante-natal clinics were made by midwives.
- 329 attendances were made by expectant mothers to ante-natal classes including relaxation exercises (held by midwives).
- Number of miscarriages attended—4.

Supervision of Midwives

Routine Supervision

Supervisory visits paid to midwives by supervisors	....	....	26
Deliveries seen with midwives	....	....	3
Cases in labour attended with midwives	....	....	5
Ante-natal cases seen at home	....	....	18
Puerperium visits	....	....	39
Hospital discharges	....	....	20
Cases visited re maternity accommodation	....	....	10
Attendances by supervisors at ante-natal clinics	....	....	60
Attendances by supervisors at ante-natal classes	....	....	12

Supervision of Training

Supervision of Training							
Pupil midwives who completed their training during year							5
Cases in labour, attended with pupils	....	....	....	....	....	....	8
Deliveries seen with pupils	....	....	....	....	....	....	5
Puerperium visits with pupils	....	....	....	....	....	....	9
Ante-natal visits with pupils	....	....	....	....	....	....	12

Post Graduate Courses

3 midwives attended post-graduate courses as required by the Central Midwives Board.

All midwives attended lectures arranged by the Barnsley Branch of the Royal College of Midwives and the Public Health Department.

Hospital Students

Four lectures were given to student nurses on midwifery, followed by visits with a domiciliary midwife.

Obstetric Training

19 student nurses spend a period of two to seven days with the domiciliary midwives during their three months obstetric training.

Comment

As will be seen from the figures quoted, little change has taken place in the domiciliary midwifery service during the year. The number of women confined in hospital and discharged before the

fourteenth day has risen slightly. It is not anticipated that early discharge will become a feature of the domiciliary midwifery service in Barnsley to the extent it has been done in those areas where there is smaller provision of maternity hospital beds. Arrangements for early discharge have worked well during the year and good communications are maintained with St. Helen Hospital. The Local Maternity Services Liaison Committee has made a useful contribution to this. Its membership now includes, as well as representatives of the medical services, the non-medical supervisor of midwives for the County Borough and the midwifery superintendent of the hospital.

In last year's report mention was made of the fact that only 92 women out of 566 had approached the midwives with a view to booking before the 16th week of pregnancy. In 1964, 100 women out of a total of 463 commenced making their arrangements before the 16th week. These figures, though small, represent a move in the right direction towards the seeking of ante-natal care earlier in pregnancy. Reference has been made elsewhere in this report to the authority's policy of encouraging the general practitioner obstetrician to hold his ante-natal sessions in the authority's premises. One of the advantages of this would be that booking and the instruction of ante-natal care in the earlier stages of pregnancy would be greatly facilitated. This in turn would improve the opportunities for the various educative activities of the local authority and would integrate them with the advice and care afforded by the general practitioner obstetrician.

HEALTH VISITING SERVICE

National Health Service Act 1946, S.24

The figures showing the number of visits made by health visitors during 1964 as compared with those of the two previous years are as follows :—

	1962	1963	1964
Children under 5 years visited for the first time	6,715	6,497	6,235
Children under 1 year :			
1st visit 	1,523	1,415	1,424
Total 	7,223	4,978	5,909
Children between 1 and 2 years :			
Total 	3,407	4,366	4,308
Children between 2 and 5 years :			
Total 	7,412	8,236	8,892
Total number of visits made to children under 5 years	18,042	17,580	19,109
Expectant Mothers :			
1st Visit 	926	877	877
Total 	1,440	1,367	1,336
Infant Death Enquiries :			
Total 	—	31	50
Stillbirths 	—	35	35
Tuberculous Households 	673	490	399
Non-Tuberculous Chest Conditions 	—	105	170
Households 	7,520	16,629	17,305
Ineffectual visits 	3,207	2,547	2,472
Gastro-Enteritis Enquiries 	—	1,048	2,266

On 31st December, 1964 the staff in post was as follows :—

Superintendent Health Visitor and School Nurse	
Deputy Superintendent Health Visitor and School Nurse	
Senior Health Visitor and School Nurse	3
Area Health Visitor and School Nurse	12
State Registered Nurse	3
State Enrolled Nurse	4

Certain staff changes took place during the year and these are indicated in the staff list at the end of the report.

At the end of the year 16 trained health visitors were in post, including the deputy superintendent and three senior health visitors. Two applicants were accepted for the authority's training scheme to commence training in 1965 at Leeds University. One student joined the service on completion of the course, having taken first place amongst those doing it at Leeds. Two qualified health visitors were appointed and two terminated, one taking a hospital appointment and one by reason of ill health. The three State Registered Nurses who undertook sessional duties terminated, their places being taken by whole time State Enrolled Nurses. The sickness rate amongst the staff was high, amounting to a total of 352 working days.

It will be seen that the number in post remains below the authorised establishment of 24 trained health visitors, thus the need for further recruitment continues. To meet this, every effort is strained to attract suitable candidates for training as well as nurses who are already in possession of the health visitor's certificate. Unfortunately, as in the past, the success attending these efforts has been limited. Despite this for the present it has been decided that candidates for the training scheme will be considered only if they are in possession of a midwifery qualification as well as state registration in nursing. It was felt that the recruitment of candidates who were eligible for the university course by reason of the new minimum obstetric instruction might well lower the standard of health visiting in so far as that standard applies to the care of mothers and young children. The fact that the health visitor has nurse training has always been stressed in Barnsley. The knowledge that she is both a nurse and a midwife must necessarily make the advice and health education she offers more acceptable to mothers. For this reason the increasing emphasis on the purely social aspects of her work must be viewed with reserve, if not with regret. The development of this emphasis almost certainly arises from difficulties in recruitment and training for the nursing profession as a whole. It is on this account perhaps understandable that it should have the support of the Council for the Training of Health Visitors.

The continually widening nature of the field which the health visitor is being required to cover is always a source of anxiety to those responsible for the administration of the service. Much of this anxiety arises from problems concerned with priority between the many tasks which are now being assigned to the health visitor and the delegation of some of these to less highly trained staff. Amongst the staff themselves there is a preference to take part in special studies, many of which are no doubt very interesting. They find themselves less enthusiastic to do the less exciting routine investigations such as the follow-up of cases of gastro-enteritis. Delegation of certain

routine duties to the state enrolled nurses who are now being recruited to assist with the Health Visiting Service is a possible answer to this problem. In this way the trained health visitor might be released to more interesting duties.

This expansion of the field of the health visitor's work offers many attractive opportunities for special study. As most of the problems prompting such studies are national as well as local, co-ordination at national level is essential if the work done is to be considered as an integral part of medico-social research. As attempts to carry out research at a local level would be of limited value the exercise of discretion is most necessary before embarking upon them. Health visitors have, however, an important part to play in such country-wide projects as the National Child Development Study, in which they proved themselves indefatigable as collectors of medico-social facts.

Provided they could be carried out at a national level the experience of the health visitors in Barnsley suggests that there is a wealth of material for special studies. In ante-natal care, study of their shopping habits and the factors which influence pregnant women to delay seeking advice and continuing to work over long might prove rewarding. Again the question arises, "How far is household budgeting a health problem calling for instruction by someone with a nursing background and how far is it a purely education and social one?" Studies aimed at ascertaining the means whereby the health visitor might assist in the early recognition of mental ill health and in the nation wide collection of facts relative to problem families might well be worth while.

The Children's and Young Persons Act, 1963 has facilitated the work of the health visiting staff and relieved them of a number of anxieties arising from the supervision of problem families. This is largely on account of the power the Children's Officer now has to make certain financial payments to prevent the break up of a family, for example the settlement of unpaid electricity accounts.

A number of other points have attracted the attention of the health visitors and it is of interest to record them here. Insufficient care is taken by many parents of drugs in tablet form and young children frequently gain access to these and eat them in the belief that they are sweets. The number of children admitted to hospital with poisoning or suspected poisoning acquired in this way has recently increased to such an extent that it has been felt that action is called for. Consequently, the attention of the N.S.P.C.C. is now drawn to all such cases as come to the notice of the department to allow that body to deal with any circumstances which may have amounted to neglect. In addition, suggestions have been made to overcome this hazard. These include built-in specially sited drug cupboards in all new homes. Other suggestions from the health visitors as a result of their observations include special "child proof" containers for domestic cleansing materials and the printing of the antidote in large letters on containers used for poisonous substances. Again, in the field of home safety, health visitors' observations suggest that the positioning of the fireplace in some houses is such as to make the fixing of rigid fireguards extremely inconvenient.

In addition, the health visitors find they are approached by various individuals who endeavour to solicit their assistance in obtaining certain social amenities which in their view have a bearing on their or their family's general health and well being. Examples of this are additional places in nursery schools, community centres and parks and improved bus services. In each case the person making the approach is convinced that the provision of the amenity would effect an improvement in community health and that it is the duty of the health visitor to secure it.

The superintendent health visitor and her staff have also during the year undertaken to give lectures and practical instruction to the student nurses at the Barnsley School of Nursing.

The superintendent health visitor wishes, on behalf of her staff and herself, to express appreciation to the various agencies, both statutory and voluntary, in the area who have co-operated with and who have assisted the health visiting staff during the year.

Co-operation between General Practitioners and the Health Visiting Service

The circumstances of medical practice in Barnsley are such that they do not lend themselves to the attachment of a health visitor to any one practice or group of doctors. However, close contact has been established between the doctors and the health visitors. This is generally maintained on a personal and informal basis. Where the assistance of the service is required on a formal basis or where a formal approach to a doctor is considered necessary, this is done through the superintendent health visitor or the senior health visitor at any particular clinic. Close contact with the requirements of the general practitioners is maintained by the medical officer of health through his membership of the Local Medical Committee. These arrangements have proved to be satisfactory and appear to be adequately suited to the requirements of the area.

Arrangements for follow-up of Hospital Cases by Health Visitors

Close contact is maintained between the Head Almoner at the hospitals of the Barnsley Group and the medical officer of health and superintendent health visitor. Lists of patients discharged are supplied to the health department and reports of the requirements of any special cases are forwarded as and when necessary. Arrangements exist whereby health visitors attend the paediatric out-patients at St. Helen Hospital to follow up children receiving both in-patient and out-patient treatment.

Comment

As in the past the burden of social medical work has fallen upon the health visiting staff who act to a very great extent as the eyes and ears of the local authority's health service. Again as in the past there have never been sufficient eyes or ears and efforts to recruit new entrants to the service with the right kind of background have proved no less difficult than formerly. The recruitment of state enrolled nurses to do those duties which do not call for specialised training offers many advantages. The part they can play and the tasks they

can undertake are being watched with great interest and there is every reason to believe that their field of activity may be extended, thus relieving the health visitors of a number of the less interesting routine duties.

It is also a matter of some satisfaction to note that lectures and practical instruction are now being given regularly on the social aspects of disease to student nurses. This is an extremely important part of the health visitor's educational activities and is one which should be welcomed by all concerned with the service.

HOME NURSING SERVICE

National Health Service Act 1946, S.25

The figures for the past five years are as follows:—

	1960	1961	1962	1963	1964
Cases	2,277	2,339	2,078	2,119	2,082
Visits	47,370	48,458	42,629	42,418	39,270
Whole-time nurses	18	18	18	18	18

Type of Cases	No. of cases	No. of visits paid to these patients
Tuberculosis	13	734
Influenza	4	46
Pneumonia	63	684
Maternal complications	30	285
Erysipelas	3	16
Infectious diseases	2	3
Miscarriages	1	24
Carcinoma	111	3,833
Burns and Scalds	36	353
Diabetes	28	1,739
Post-operative	161	2,673
Bones and Joints	61	1,315
Ear, Nose and Throat	133	699
Cerebral Haemorrhage	83	3,298
Cardiac	139	3,402
Circulatory	315	8,888
Chest	139	1,678
Skin	72	1,380
Others	679	8,415
	<hr/> 2,073 <hr/>	<hr/> 39,465 <hr/>

Patients in the above figures who attended clinics—visits only 4,152

Types of injections given:

Insulin	17	1,258
Penicillin	466	2,824
Streptomycin	47	1,101
Diuretics	80	2,767
Haematinic	130	2,315
Sedatives	27	880
Others	311	8,786

Night Service

Cases visited between 8 p.m. and 6 a.m.

(included in the above figures)	104	709
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Age Groups Nursed

Patients under 5 years of age	184	1,198
Patients 5—15 years of age	75	364
Patients 15—65 years of age	892	15,946
Patients Over 65 years of age	922	21,957
	<hr/> 2,073	<hr/> 39,465

The year's work has confirmed the impression observed previously that the pattern of work in district nursing is undergoing a change. Advances in medicine such as the availability of antibiotics which are administered orally instead of by injection have reduced the overall number of cases attended. On the other hand, the increasing age of the population results in the district nursing sister having to care for heavier cases over longer periods such as cerebral catastrophes, cancer and geriatric patients. The shortage of geriatric accommodation in Barnsley emphasises this. The district nursing sister frequently finds on her first visit to an elderly patient that she has to arrange social service care on the spot as well as provide nursing. This is particularly the case where an old person is living alone and a hospital bed is not immediately available. Here some means of coverage must be arranged between the visits of the nurse and the home help. This calls for contact with friends and relatives and others and can be very time consuming. In addition, rehabilitation of the geriatric patient after illness is playing an increasing part in the nursing care of the aged at home and it becoming clear that if this becomes more frequent, a review of the staff time available will become necessary. Again, the bathing of patients can become a problem. In some cases relatives could be taught to do this but refuse, indicating that they consider it the duty of the state to provide a nurse to bath their parents.

A close degree of liaison was maintained throughout the year with the Head Almoner of the Barnsley Group of Hospitals. This ensured continuity of nursing care and treatment of patients being immediately available on their discharge from hospital. It is unnecessary to stress the value of contact between ward sister and district nursing sister arising from this in terms of understanding and continuation of patient care.

The service continued throughout the year to afford special care for sick children nursed at home. Here also the changes in methods of treatment had their effect.

Linen and Laundry Service

This service, which has been operating for a number of years, still proves to be most valuable for the sick and elderly in their own homes. Incontinent patients are loaned night clothes, draw sheets and mackintoshes which are exchanged as necessary. The

foul and soiled linen is dealt with by the laundry service operated at the district nursing centre. The nursing staff find this arrangement preferable to the use of incontinence pads except in a very few cases. In such cases the pads are supplied by the service. So far, no difficulties have been encountered in the disposal of soiled pads. In the event of this being encountered the authority's cleansing department would deal with the problem.

Night Visiting Service

Fewer calls are being made on this service. One Queen's Institute of District Nursing Sister carried out late visits and was on call throughout the night for urgent cases.

Home Nursing Clinics

Visits by ambulant patients to the four clinics are still maintained. These clinics often prove a basis for co-operation between general practitioners, district nursing sister, midwife and health visitor.

Queen's Institute of District Nursing Training

One student commenced and completed training during the year and was successful in passing both parts of the examination early in 1965.

Post-Graduate Courses

Two Queen's Nursing Sisters attended post-graduate courses arranged by the Queen's Institute of District Nursing.

Central Sterile Supply Service

Autoclaved and disposable syringes are in use in the patients' homes and at clinics. Disposable gloves, catheters and enemata are in use and four sizes of sterile dressing packs are now being used by district nurses. Sterile disposable gloves and umbilical clips are supplied to midwives.

Student Nurses

Four lectures on home nursing were given to student nurses followed by visits with the district nursing sister.

Chiropody Service

A district state enrolled nurse was in attendance at each of the 150 sessions.

The following figures relate to the loan of sick room requisites to those nursed at home during 1964:

Articles loaned								Loaned during year	Still on loan at end of year
Air rings	....	....	....	....	....	....	....	83	56
Wheel chairs	....	....	....	....	....	....	....	47	38
Mackintosh sheets		....	....	....	....	....	....	77	120
Cradles	....	....	....	....	....	....	....	26	27
Crutches	....	....	....	....	....	....	....	14	13
Urinals	....	....	....	....	....	....	....	118	121
Bed pans	....	....	....	....	....	....	....	176	126
Bed rests	....	....	....	....	....	....	....	129	88
Sorbo beds	....	....	....	....	....	....	....	21	18
Feedings cups		....	....	....	....	....	....	20	17
Bed tables	....	....	....	....	....	....	....	2	1
Draw sheets	....	....	....	....	....	....	....	95	41
Mackintosh pillows		....	....	....	....	....	....	—	1

Bedsteads	....	....	....	....	....	....	....	15	19
Cots	....	....	....	....	....	....	....	2	1
Pulley and fittings			....	....	....	....	....	4	3
Commodore	....	....	....	....	....	....	....	49	39
Walking aids	....	....	....	....	....	....	....	19	18
Walking sticks	....	....	....	....	....	....	....	5	5
Bath seats	....	....	....	....	....	....	....	—	1
Lavatory seats	....	....	....	....	....	....	....	—	1
Sputum mugs	....	....	....	....	....	....	....	3	3
Fractures boards	....	....	....	....	....	....	....	16	28
Bath rails	....	....	....	....	....	....	....	—	1
Large sheets	....	....	....	....	....	....	....	4	—
Air beds	....	....	....	....	....	....	....	—	—
Bed lift	....	....	....	....	....	....	....	—	—
Camp bed	....	....	....	....	....	....	....	—	—
Seat units	....	....	....	....	....	....	....	—	1
Night gowns	....	....	....	....	....	....	....	9	3
Buckets	....	....	....	....	....	....	....	—	—
Bowls	....	....	....	....	....	....	....	—	—

Type of linen loaned: Large sheets, draw sheets, night gowns, shirts. Number of articles laundered, including uniform, towels, bags, bag linings, etc.: 12,011.

Comment

There is little that is unexpected in the report on the Home Nursing Service. It is difficult to illustrate by figures the effect of the requirements called for by recent developments in medical care outside hospital. It is inevitable that new antibiotics and other improved methods of treatment of acute conditions must reduce the overall number of short term cases calling for the service. On the other hand, a geriatric service which aims at rehabilitation in hospital, followed by early return to the community of the elderly person who has suffered a vascular crisis can not but place increased calls upon domiciliary nursing. Rehabilitation of the aged in all its stages to be effective is time consuming of skilled care. The service must therefore look forward to smaller numbers of cases each of which call for a greater number of "nurse hours".

For many years the home nurse had had closer relationship with the general practitioner than other members of the local authority's staff. The extension of the sterile supply scheme should assist by providing still better facilities for treatment and should cement this relationship still further. Should practitioners decide to approach the local health authority for branch surgery accommodation in the clinics, such an approach would be greatly welcomed by the home nursing staff. It would be of immense convenience for all concerned if, after a consultation with his family doctor, the patient could receive his injection or dressing in an adjacent room.

It is also pleasing to note that in addition to providing facilities for trained nurses to prepare for the examination of the Queen's Institute of District Nursing, facilities to learn something of nursing in the home have been made available to student and pupil nurses of the Barnsley Group of Hospitals.

VACCINATION AND IMMUNISATION

National Health Service Act 1946, S.26

Vaccination against Smallpox

The vaccination statistics for Barnsley are shown in tabular form as follows :—

Age at date of Vaccination		Number Vaccinated	Number Re-vaccinated
0— 3 months	.... ....	95	—
3— 6 months	.... ....	65	—
6— 9 months	.... ....	20	—
9—12 months	.... ....	39	—
1 year	.... ....	100	5
2— 4 years	.... ....	24	1
5—14 years	.... ....	8	5
15 years or over	.... ....	33	144
Total		384	155

There was no death from complications of vaccination during 1964 nor was any case of generalised vaccinia or post-vaccinal encephalomyelitis reported during the year.

These figures compare with 625 primary vaccinations and 110 re-vaccinations in 1963. These figures would appear to indicate that the importation of Asiatic smallpox into Yorkshire in 1962 is fading from the memory of the community. With this is coupled the practice, where possible, of postponing infant vaccination until after the first birthday. It is accepted that this postponement has a great deal to recommend it. Experience has shown, however, that where parents ask for vaccination against smallpox at an early age and are advised to postpone it, this postponement tends to be extended indefinitely. Accordingly the policy in Barnsley is that where infant vaccination in the first year of life is requested and on medical examination there is no contra-indication, the request is acceded to. On the other hand, active measures to secure vaccination are not initiated until after the first birthday. It would seem that even this policy results in a fall in the vaccination rate and if those parents who request vaccination were advised to postpone, no doubt the rate would be lower still.

Immunisation against Diphtheria

During the year primary immunisation and reinforcing injections against diphtheria were given to children in the following age groups :

Children born in years	No. of children who com- pleted a full course of primary immunisation in the authority's area during 1964	No. of children who received a reinforcing injection during 1964	Total
1964	503	—	503
1963	556	316	872
1962	52	409	461
1961	26	10	36
1960	18	5	23
1955-1959	258	883	1,141
1950-1954	9	20	29
Total	1,422	1,643	3,065

These figures represent an increase over those for 1963 when 1,177 children received a primary course plus 1,472 reinforcing injections.

Immunisation against Poliomyelitis

During the year immunisation against poliomyelitis was carried out as follows :

Age Group	No. given 3 doses during the year	Oral Vaccine	
		No. who at 31.12.64 had received 1 dose only	2 doses
Children born 1964	167	78	68
Children born 1963	727	19	37
Children born 1962	123	9	13
Children born 1961	67	4	10
Children and Young Persons born 1960-1943	241	23	20
Young Persons born 1942-1933	114	3	7
Others	93	1	7
Total	1,532	137	162

Number of individuals given a reinforcing dose of oral vaccine—1,984.
No Salk type vaccine injections were given during the year.

Immunisation against Whooping Cough

The number of children who have completed a primary course (normally 3 injections) of pertussis vaccine (singly or in combination) in the authority's area during the year ended 31st December, 1964.

Year of birth	Number of children
1964	491
1963	539
1962	57
1961	24
1960	16
1955-1959	13
1950-1954	—

Total 1,140

This represents an increase compared with 1963 when 1,018 children completed the course.

Immunisation against Tetanus

1,423 children received a course of immunisation against tetanus, either combined with other antigens or against this condition alone.

A further 16 persons over the age of 15 years were immunised against this disease.

The Casualty Department at Beckett Hospital is provided with a record of all persons immunised against tetanus at the authority's clinics.

Immunisation against Typhoid and Para-Typhoid Fevers

20 persons received a course of T.A.B. injections prior to a visit to the Continent.

Yellow Fever Vaccination

The arrangements for this service were unchanged during the year. A fee of £1/1/0 is charged for each vaccination. The International Certificate of Yellow Fever Vaccination is supplied at the New Street Clinic Vaccination Centre where all injections are given.

The number of persons given this type of injection during the year is as follows :—

Adults	....	....	....	....	52
Children		....	....	....	27
					—
Total	....				79
					—

Vaccination and Immunisation Facilities

All expectant and nursing mothers, infants, toddlers and school children can receive immunisation or vaccination against any of the diseases included in the authority's programme at any of the appropriate doctor's sessions held in any of the authority's clinic premises. If, of course, the medical officer in charge finds some contra indication for carrying out the procedure, the patient will be advised accordingly. In addition to these arrangements, two special "on demand" immunisation sessions are held each week at New Street Clinic, from 9.30 to 11.30 a.m. on Saturdays and from 5.00 to 6.00 p.m. on Monday evenings. These sessions are for young people desirous of obtaining protection against poliomyelitis who are at work during the ordinary clinic hours. A doctor is available at both these sessions, not only to immunise, but also to advise individuals on any question or problem regarding immunisation. An example of this is the measures to be taken prior to a Continental holiday or taking up employment abroad.

Comment

The figures for immunisation against tetanus, diphtheria and whooping cough are encouraging and show a small increase on the figures for 1963. No doubt with more thought and less indifference on the part of parents, these figures could be still further improved. The arrangements for interchange of information on tetanus immunisation between the Beckett Hospital and the local authority's service continue but are to some extent handicapped by lack of interest on the part of parents and indeed of some individuals themselves. When an injury is sustained where tetanus is likely to be a hazard, an appreciable number of protected individuals are unable to produce evidence of their protection. At the same time they do not give an account of their inoculation history which is sufficiently reliable as to justify their reaping the fullest benefit from their immunity.

As has already been noted there is a decline in the acceptance rate for vaccination against smallpox. In view of the many discussions which took place following the last importation of the disease into England, this is hardly surprising. In the opinions of some epidemiologists this decline in vaccination would not be regarded with undue concern, and the alteration of the place in the individual's immunisation programme to carry out vaccination—after the first birthday—must also have its effect.

As to vaccination against poliomyelitis, 1964 was the first year during which all vaccination in Barnsley was carried out with the oral type vaccine. When compared with the previous year the total of 1,532 would appear to be a marked decrease on the figure of 2,446 for 1963. However, it must be borne in mind that of the 1963 figures, 982 were children born since 1960 and of the 1964 figures, 1,084 were children born since 1960. It would seem then that the immunisation rate at least amongst the younger children is being maintained.

Each year in commenting on immunisation and vaccination, attention is drawn to the apathy and indifference of a large part of the community to this, the simplest and most effective of all the measures available to preventive medicine. Over the years, efforts have been made to draw attention to this and even to try to shame the community into action. In desperation attempts have been made in this series of reports to provoke public controversy on the subject. The results have been in every case equally disappointing. It is a sad fact that a couple of cases of smallpox twenty miles away, a case of poliomyelitis three miles away or diphtheria in the town are more effective in persuading parents to take reasonably prudent measures to safeguard their children than all the persuasive posters of the Ministry of Health, the Central Council for Health Education and the local health authority.

Our God and needle we alike adore
Just at the brink of illness, not before;
The danger past, both are alike requited
God is forgotten and our needle slighted.

(with apologies to Thomas Jordan)

AMBULANCE SERVICE

National Health Service Act 1946, S.27

The following report has been received from the Chief Fire and Ambulance Officer:

Arrangements with other Authorities

This authority continues to work most amicably with the Ambulance Service of the West Riding County Council.

By arrangement we undertake all infectious disease, emergency and maternity cases from certain parts of their territory to hospitals within the County Borough, and also effect a proportion of their discharges from hospitals within the Borough back into the West Riding.

The financial arrangement made in 1963 was reviewed during the year and a slight adjustment made.

Other Authorities

With authorities other than the West Riding County Council, an approved scale of charges for ambulance transport undertaken by one authority on behalf of another is laid down. These charges are reviewed from time to time, but no change has been made during the period under review.

Authority to Order Ambulances

Requests for the Ambulance Service are not normally accepted from the general public, but only from:

Doctors

Hospitals

Institutions

Other authorised persons

Emergency cases i.e. street or works accidents, and maternity cases are accepted from any source.

Return of Ambulance Patients Conveyed

This return is shown on a monthly basis, sub-divided into ordinary calls undertaken for patients within the County Borough and for similar calls undertaken on behalf of other Authorities.

Figures for 1963 are give for the purpose of comparison.

MONTH	COUNTY BOROUGH						WEST RIDING AND OTHER AUTHORITIES						GRAND TOTALS							
	Ordinary			Emergency			Totals			Ordinary					Emergency			Totals		
	1963	1964	1963	1964	1963	1964	1963	1964	1963	1964	1963	1964			1963	1964	1963	1964	1963	1964
January . . .	1910	1826	168	191	2078	2017	149	139	39	31	188	170	2266	2187						
February . .	1610	1558	147	190	1757	1748	127	105	36	43	163	148	1920	1896						
March	1718	1610	172	207	1890	1817	137	69	34	37	171	106	2061	1923						
April	1611	1650	165	204	1776	1854	124	79	25	45	149	124	1925	1978						
May	1798	1480	170	221	1968	1701	124	85	24	37	148	122	2116	1823						
June	1376	1686	170	190	1546	1876	114	64	34	72	148	136	1694	2012						
July	1648	1819	161	197	1809	2016	109	67	36	67	145	134	1954	2150						
August	1135	1516	201	199	1336	1715	79	67	35	55	114	122	1450	1837						
September . .	1317	1580	184	208	1501	1788	82	41	45	46	127	87	1628	1875						
October	1554	1839	205	187	1759	2026	110	56	55	42	165	98	1924	2124						
November . . .	1508	1985	146	201	1654	2186	115	79	42	59	157	138	1811	2324						
December . . .	1500	1816	205	229	1705	2045	145	65	63	66	208	131	1913	2176						
Totals	18685	20365	2094	2424	20779	22789	1415	916	468	600	1883	1516	22662	24305						

Details of Patients Conveyed

The figure of £24,305 ordinary patients is an increase of 1,643 as compared with last year.

In the overall figure of patients conveyed there is a decrease of 716 compared with last year (43,167—42,451) due principally to the smaller number of mentally retarded children conveyed (20,208—17,988).

The number of patients conveyed on behalf of the West Riding County Council and other authorities shows a decrease of 367.

To Hospitals etc. within the Borough

Beckett Hospital	....	....	....	....	....	....	....	....	6200
St. Helens	....	....	....	....	....	....	....	....	2287
Pindar Oaks	....	....	....	....	....	....	....	....	180
Kendray	....	....	....	....	....	....	....	....	626
New Street Clinic	....	....	....	....	....	....	....	....	229
Queens Road Clinic	....	....	....	....	....	....	....	....	1324
Limes Hostel	....	....	....	....	....	....	....	....	18
Lundwood Hospital	....	....	....	....	....	....	....	....	36
Mount Vernon	....	....	....	....	....	....	....	....	497
Others	....	....	....	....	....	....	....	....	109

To Hospitals etc. out of the Borough

Penistone Annexe	....	....	....	....	....	....	....	....	166
Sheffield	....	....	....	....	....	....	....	....	2103
Wath	....	....	....	....	....	....	....	....	210
Kirkburton	....	....	....	....	....	....	....	....	97
Wakefield	....	....	....	....	....	....	....	....	95
Mexborough	....	....	....	....	....	....	....	....	54
Leeds	....	....	....	....	....	....	....	....	17
Doncaster	....	....	....	....	....	....	....	....	36
Others	....	....	....	....	....	....	....	....	76

To Home Addresses within the Borough from

Beckett Hospital	....	....	....	....	....	....	....	....	4779
St. Helens	....	....	....	....	....	....	....	....	670
Kendray Hospital	....	....	....	....	....	....	....	....	304
New Street Clinic	....	....	....	....	....	....	....	....	223
Queens Road Clinic	....	....	....	....	....	....	....	....	948
Mount Vernon	....	....	....	....	....	....	....	....	323
Others	....	....	....	....	....	....	....	....	44

To Home Addresses out of the Borough

West Riding	....	....	....	....	....	....	....	....	1474
Others	....	....	....	....	....	....	....	....	44

House to House Removals (Borough) 26

Journeys made—Patients not conveyed 1110

24305
Mentally Retarded Children conveyed 17988
Midwives conveyed 158

42451

The total number of journeys made to convey the 42,451 persons was 8,846, being an average of 4.8 patients per journey, which is .4 higher than the figure for last year.

Mentally Retarded Children

Mentally retarded children continue to be taken by ambulance coach to and from the Centre each day the Centre is open.

During the period under review the coaches made 1,589 journeys and carried 17,988 passengers, which shows a decrease of 274 journeys, and a decrease of 2,220 passengers as compared with last year.

Vehicles

One coach was replaced during the year.

No major breakdowns occurred during the year, and there is no doubt that this was due in a vary large measure to the routine attention given to the vehicles.

Mileage

During the year the fleet covered 145,196 miles on ambulance duties, made up as follows:

Ambulances	....	....	....	....	....	80,325
Ambulance Coaches	....	....	....	....	....	53,715
Sitting Car	....	....	....	....	....	11,156

For comparison purposes the figures for previous years were as follows:—

1958	....	....	....	....	....	129,971
1959	....	....	....	....	....	132,278
1960	....	....	....	....	....	136,835
1961	....	....	....	....	....	157,909
1962	....	....	....	....	....	157,295
1963	....	....	....	....	....	156,470

The mileage for the year is 11,274 miles less than the figure for 1963, due no doubt to the efforts made during the year to save mileages by re-organising journeys.

Communications

Calls for the Ambulance Service by Doctors, members of the public and other authorised persons continue to be received chiefly on Barnsley 3366, or in case of emergency, through the '999' system.

Direct lines are established between the Control Room and three hospitals, Becketts, St. Helens and Kendray.

Segregation of Services

Further steps were made during the year towards the eventual segregation of the two services.

Five men were recruited during the year, and at the 31st December, 1964 twelve ambulance men were on the strength.

The authorised strength of the ambulance service is 24, and at the time of this report the service is being operated by 12 ambulance men and 12 fire service personnel, who are all under the control of Fire Service Officers.

Further recruiting for the ambulance service will take place as and when opportunities arise.

Short Wave Radio

Short wave radio still continues to play a major part in the efficient running of the ambulance service.

This form of communication has proved a success since its initial inception, both operationally and economically, as it tends to reduce mileage, petrol consumption and time.

Accommodation

All vehicles are now housed at the ambulance garage at Broadway, with the exception of the emergency ambulance, which occupies a bay in the Fire Station appliance room.

First Aid Training

82 members of the Fire and Ambulance Service are qualified to render First Aid to the injured, and only men so qualified are allowed to perform ambulance duties.

A large proportion of the personnel are so proficient in this work that they are up to competition standard.

Conveyance of Midwives

The Service continues to place a sitting car at the disposal of the Medical Officer of Health for the conveyance of midwives during the non-working hours i.e.

Monday to Friday from 5.30 p.m. to 9 a.m. the following morning.

Saturday from 12 noon until 9 a.m. on Monday morning.

Public and Bank Holidays.

During the period under review 158 requests were dealt with, which is a reduction of 139 on the previous year.

Hearing Aids

At the request of the Medical Officer of Health hearing aids are taken to Sheffield for repair and then returned to the local centre. Special journeys are not organised for this purpose as the hearing aids are taken with the daily journeys to Sheffield Hospitals.

During 1964, 493 hearing aids were taken for repair.

Medical Officer of Health, Mental Health and Home Nursing

Arrangements continue with the Medical Officer of Health whereby when the services of the Medical Officer of Health, a duly authorised officer, or the Superintendent Home Nurse are required by a medical practitioner at those times when their office is closed i.e. weekends, Public and Bank Holidays, the call is accepted at the Control Room and passed to the appropriate officer with the minimum of delay.

Infectious Diseases

All cases to and from Kendray Hospital are now dealt with by ambulances stationed at the Ambulance Garage at Broadway.

Liaison with Hospitals

Liaison with all Hospitals and the Regional Hospital Board continues at a very high level, and any problems which may arise are discussed amicably. Both Mr. Nunn and Mr. Garrett continue to help in every way. Both are conscious of the need to keep the ambulance requirements down to a minimum.

Equipment

All ambulances are equipped with Resuscitation Apparatus, and two "Minutemen" are now part of the modern equipment.

Blue Flashing Lights and Safety Straps

All ambulances are fitted with blue revolving lights to ensure speedier and safer transport of emergency cases, and certain vehicles are fitted with safety straps for both personnel and patients.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

National Health Service Act 1946, S.28

No major change was effected in the authority's arrangements under this section of the Act. Co-operation and co-ordination of effort between health visitors, home nurses, home help, handicapped persons services, as well as with the welfare, mental health services and housing services continued. Pooling of the information of those who are likely to be in need of assistance of a medico-social nature proved to be beneficial, thus the health visitors were able to get on with the job of bringing to light cases requiring help whose need had hitherto been unknown to the health service.

Prevention of Illness—Tuberculosis

As already mentioned (Part II of this report), the incidence of pulmonary tuberculosis in Barnsley continues to decline. Much of this is due to early detection of the disease before it becomes grossly infective and to the discovery of unsuspected infection in apparently fit individuals. In this, mass x-ray has been a most valuable instrument. Unfortunately its use depends on the response of those who are liable to harbour infection. A number of those who suspect tuberculous infection in themselves tend to fear confirmation of their suspicion and avoid mass x-ray. It is indeed difficult to see how their fear may be overcome without the use of some form of compulsion.

As well as those who are shy of visiting the mass x-ray unit there are also those who are indifferent and are not prepared to take the trouble to ensure that they themselves are well and are not foci of infection and so a hazard to others.

The annual visit of the Sheffield Mass X-Ray Unit took place during October and November. The unit was as usual sited in the basement of the Town Hall. 5,550 persons took part in the survey compared with 5,769 in 1963.

The results of the survey were as follows:—

	Male	Female	Total
Miniature Films :			
General Public	1,853	1,793	3,646
Booked Groups	518	623	1,141
Doctors' Patients	30	15	45
School Children	285	248	533
Ante-Natal Patients	—	6	6
Total Miniature Films	2,686	2,685	5,371
Large Film Recalls	134	45	179
Total Attendance at Unit	2,820	2,730	5,550

	Male	Female	Total
Patients referred to :			
Chest Clinic	42	5	47
Recheck in 12 months	3	2	5
Own Doctor	147	65	212
	Male	Female	
Provisional Diagnosis of Patients referred to Chest Clinic :			
Active Tuberculosis	5	1	
Inactive Tuberculosis	7	—	
Neoplasm	4	—	
Non-malignant Neoplasm	—	1	
Pneumoconiosis	3	—	
Pneumoconiosis with P.M.F.	4	—	
Acute Inflammatory Lesions	6	1	
Post Inflammatory Fibrosis	3	—	
Bronchiectasis	2	—	
Heart Disease	2	—	
Bronchitis and Emphysema	5	—	
Sarcoid	—	1	
Nil abnormal detected	1	1	
	Male	Female	
Other abnormalities discovered :			
Inactive Tuberculosis	7	4	
Heart Disease	12	20	
Pneumoconiosis	113	—	
Bronchiectasis	2	—	
Acute Inflammatory Lesions	3	1	
Post Inflammatory Fibrosis	2	1	
Bronchitis and Emphysema	32	5	
Pleural Thickening	1	—	
Thyroid Enlargement	1	—	
Diaphragmatic Hernia	—	1	

Vaccination against Tuberculosis—B.C.G.

The arrangements already in existence for vaccination against tuberculosis were continued during 1964. The work is done under the supervision of the Chest Physician and x-ray control is applied to those children who have been vaccinated.

The figures for vaccination during the year are as follows :—

- A. Contact Scheme (Ministry of Health Circular 72/49)

Number skin tested	115
Number found positive	4
Number found negative	111
Number vaccinated	110
- B. School Children Scheme (Ministry of Health Circulars 22/53, 7/59 and 6/61)

No work was done under this heading during 1964.
- C. Students attending Further Education Establishments (Ministry of Health Circular 7/59)

No work was done under this heading during 1964.

Owing to changes in administrative and staffing arrangements, work on B.C.G. vaccination in the schools was necessarily postponed until very late in the year and so was not completed until after 31st December. This accounts for a nil return under heading "B" above. The figures for 1965 will be correspondingly higher.

Venereal Disease

Follow-up of contacts of persons suffering from venereal disease was continued as requested by the medical officer in charge of the Special Treatment Centre. As already noted in Part II of this report, there has been a continued decline in the incidence of venereal disease in Barnsley during the past few years. This is reflected in the reduction in the amount of work to be done in tracing contacts.

The figures for 1959 make an interesting comparison with those for 1964.

1959				1964			
Gonorrhoea							
New cases—Men	....	....	48	Men	....	....	7
Women	....	....	12	Women	....	....	6
Early Syphilis							
New cases—Men	....	....	2	Men	....	....	1
Women	....	....	—	Women	....	....	1

Care and After-Care

Geriatric Patients and the Chronic Sick

The Registers of the aged and chronic sick are maintained by the superintendent health visitor and each week a copy of the hospital waiting list of patients of these categories is supplied by the consultant physician in charge of geriatric wards in the hospitals. Weekly case conferences are held to ensure that up-to-date medico-social information is provided to the physician to assist him in deciding priorities for admission. In addition to this the health visiting staff work closely with other social and health workers to ensure that the fullest use is made of all resources, both statutory and voluntary.

The superintendent health visitor, in reporting on the aged says :

“All efforts are made to ensure that the senior members of the community are satisfactorily cared for in their homes. Voluntary bodies and all social services co-operate to make them happy and comfortable and to supply any material needs necessary. There is still difficulty in obtaining help from some of the families of aged parents. On the other hand, some families give every possible help to their ageing parents.”

In Reporting on the chronic sick she says :

“Medical, nursing and all social workers and voluntary bodies help to make the lives of the chronic sick as comfortable as possible. Generally speaking, the financial position is the cause for concern and sometimes a crisis in many homes. If the father is ill then the special breadwinner’s money is reduced to sickness benefit. If it is the mother who is ill, after a time it sometimes becomes necessary to call in the assistance of the Home Help Service. Often, the family cannot afford this service and much tension and strain arises in the home because of this.”

Hospital After-Care

Once a week, a senior health visitor visits the head medical social worker at the hospital to discuss the discharged patients or those for discharge. The immediate follow-up of the patient on discharge from hospital is then done by the health visitor allocated to the area in which the patient resides. Thereafter steps are taken to ensure that full use is made of the resources of the authority's services, such as home nursing and home help. Where necessary adequate communications are ensured between all those concerned with the patient. Exceptional services such as speech therapy and rehabilitative exercises are arranged in the home following discharge from hospital.

After-Care of the Tuberculous

The great part of this work is undertaken by the Health Visiting Service. Visits are paid to the home on notification of a case and whilst undergoing hospital treatment, constant contact is maintained with the patient to ensure that as far as possible the social problems of his case receive adequate attention. As in previous years the follow-up of contacts has proved to be an exacting task calling for considerable persistence and patience on the part of the health visiting staff. With B.C.G. vaccination of child contacts as with other forms of immunisation, a great deal of persuasion is necessary to ensure that the full course of procedures required for protection is completed without default.

Health Education

No major change took place during the year in the arrangements for dissemination of information regarding health education. As in the past emphasis has been placed upon the stimulation of interest in specific aspects of health amongst small groups and individuals. Speakers were provided on request for such organisations as young wives clubs and any request for advice from the Health Department was treated as a request for health education. No attempt was made during the year to revive the mothers clubs at the clinics and only the one at the Monk Bretton Clinic continued its activities. It is felt that encouragement and assistance to community groups formed around centres and organisations other than clinics is likely to offer a wider field. The very fact that a mothers club is centred on a clinic indicates that its members have an interest in health. They are the converted. It is better that they should mix with the unconverted in other groups and prepare the way for the health education and at the same time widen their own interests. In addition to this the health visiting staff give frequent talks to the local branch of the British Red Cross Society.

It has already been emphasised in previous reports that every contact between a member of the Barnsley health department staff and an individual is regarded as an opportunity for health education. This approach has a very great deal to recommend it as often such contacts find the individual in particularly receptive circumstances. An example of this is the initial visit paid to a home by a health visitor to investigate cases of gastro-enteritis. Here there has been a breakdown in the maintenance of health in circumstances which in many cases offer a first rate opportunity for instruction to people who are likely to be receptive. Leaflets on food hygiene given out on

such occasions are much more likely to be read than those distributed at clinics or even at meetings.

Health education in the schools has always been regarded as particularly important in Barnsley and the health visiting staff play a full part in this. Examinations are conducted at the end of terms on health subjects and these, along with journals and home work done by pupils have proved to be a great source of satisfaction to those members of the health visiting staff engaged in this work. It would seem that girls in the twelve to thirteen year old age group are particularly receptive.

In order to keep the staff up to date on matters regarding health education cine films and film strip demonstrations are held from time to time at the New Street Clinic.

Initial health education is carried out by both the dental officers and the dental auxiliary. This is done both in the schools and when children have occasion to visit the dental clinics. The children themselves would appear to be quite receptive. Unfortunately, however, parental indifference and apathy is difficult to overcome and in many cases it defeats all the efforts of the authority's staff. There is much to be said in favour of a statute which would authorise prosecution for neglect when parents fail to ensure adequate dental attention to their children. Unfortunately, in this democratic country, dental health consciousness is not yet sufficiently developed to support the passage through parliament of such a statute. In the meantime, it is, of course, possible to hope for the dawn of enlightenment whilst observing fall many a flower of dental wisdom being born to blush unseen and waste its sweetness on the desert air.

The Ministry of Health is concerned to know of progress made by local health authorities in anti-smoking health education aimed at reducing the incidence of lung cancer. In Barnsley during 1964, such opportunities as arose were taken to ensure that young people are aware of the relationship between lung cancer and smoking. It has been stated that to do this is the duty of the local authority and this duty has been done. Reference has been made to this point in previous reports. The opportunity is, however, taken of reaffirming the view that the task of leading the public away from the tobacco habit would be more effectively undertaken at a National level than by local health authorities. After all, the sales promotion and advertising of tobacco are done Nationally.

As regards health education in relation to venereal diseases, opportunities are taken to address suitable groups on the subject and posters are displayed from time to time. Reference to Part II of this report will reveal that venereal disease does not in fact constitute a serious problem in Barnsley.

The campaign mentioned in last year's report to improve food hygiene, was continued during the year and a number of lectures were given on the subject to various groups. Frequent visits were paid to those places where food is sold. On those occasions when gross faults in food handling were observed, those who perpetrated them and their employees were advised of the consequences. Sometimes it was found necessary to do this forcefully.

As in the previous year, assistance in health education was most gratefully received from the local press and the opportunity is taken here of acknowledging this.

The Corporation continues the annual subscription to the Central Council for Health Education. Use has been made of materials provided by that body and also by the General Dental Council in relation to dental hygiene.

Chiropody

The arrangements for treatment remained unchanged during 1964. Mr. Aldam, the chiropodist, continued to attend for three sessions per week.

All treatments are carried out at the Medical Services Clinic, New Street, Barnsley. The service is available for old age pensioners, expectant mothers and physically handicapped persons.

A medical certificate is required from the patient's general practitioner before treatment can begin. The general practitioner also requests the provision of transport for appropriate cases and the Ambulance Service is available for this purpose.

No. of treatment sessions—150.

Category	First Visits	Other Attendances	Totals
Old Age Pensioners	60	978	1,038
Expectant Mothers	—	—	—
School Children	1	—	1
Handicapped—			
Deaf	—	—	—
Blind	2	25	27
Physical	3	36	39
Total	66	1,039	1,105

Speech Therapy

6 adults were treated by the speech therapist during the year.

Audiometry

205 adults were given a hearing aid test at the New Street Clinic.

Physiotherapy

11 adults were treated by the physiotherapist during the year, either in their own homes or on clinic premises as part of the authority's arrangements for hospital after-care.

HOME HELP SERVICE

National Health Service Act 1946, S.29

There has been no change in the organisation and general administration of the service during 1964. The home help organiser is responsible to the medical officer of health for the general organisation of the service.

During the year, 666 households received help and at the end of 1964, the weekly case load was 546, an increase of 56 cases on last year. This figure continues to rise.

Help was given to all cases where the need was a genuine one and any patients requiring additional help due to acute illness, hospital after-care or deterioration, were given an adequate service, always providing that no outside help was available. This

flexibility of service can be administered only with the co-operation and teamwork within the health department along with the hospital almoners and family doctors.

Each year the duties and responsibilities of the Home Help Service increase and once again, it was with the aged and chronic sick where the demand was greatest. There can be little doubt that the aged prefer to be in their own homes and will accept a considerable amount of inconvenience and even loneliness to retain this freedom. The longer old people can remain in their own homes, the more they should be encouraged to do so. It is much less expensive to provide a home help than to admit these old people to residential homes or hospitals, a point which many local authorities would be well advised to consider. Aged people should always be encouraged to make their own decisions and should not be surrounded by petty restrictions, otherwise they can so quickly lose their independence and reason for living. Many sons and daughters continue to find difficulty in honouring the fifth commandment and here is yet another reason why the demand on the Home Help Service continues to show an increase.

There is every indication that in a country in which the number of old people is increasing, the need for a larger Home Help Service is inevitable. Such an expansion must raise a number of difficulties in recruiting suitable women for the Home Help Service. The reasons for these difficulties in recruitment are many and varied. Much of the suitable labour available has already been recruited. Many of the existing home helps have been brought up to believe that housewifery, whether in their own homes or in the homes of others, is a highly skilled job for which training is essential. A high percentage of these "trained housewives" are approaching retirement and their places are being taken by women who regard household chores and domestic art as something to be fitted in in the time left over from their "paid employment".

There is little to offer a home help in comparison with other work where employers have been obliged to make their employment as attractive as possible. Yet, a home help has the opportunity to serve her fellow men and women and surely this kind of service cannot be assessed entirely in material gain. In a world where material things mean so much, it becomes increasingly difficult for an organiser to explain to a potential home help, the satisfaction, happiness and peace of mind one can derive from the opportunity of giving a service which brings happiness and joy into the life of some lonely individual who is perhaps less fortunate than she herself.

In conclusion it is desired to express appreciation of the co-operation received from the officers of the National Assistance Board. The liaison between the health authority's officers and the National Assistance Board has made a large contribution to the successful work carried out by the Home Help Service.

Below are some details of the number of cases given help during 1964, together with the cost of the service.

Aged and Chronic Sick over 65 years of age	608
Chronic Sick and T.B. under 65 years of age	36
Mentally disordered under 65 years of age	4
Maternity	10
Temporary and acute illness under 65 years of age	8
Total	666

Number of home helps employed	116
Number of visits, enquiries and investigations made by organiser and assistants during 1964	10,257
Number of applications investigated from January to December, 1964 (including 8 brought forward from 1963)	271
Number of cases where help was provided from 1st January (including 486 cases brought forward from December, 1963)	666
Number of cases where help was not provided	81
Number of cases on waiting list	10

Cost of Service

Financial year ended	Gross cost	Income
31st March, 1954	£13,507 5 9	£553 16 4
31st March, 1958	£25,898 3 7	£1,223 17 0
31st March, 1962	£36,097 12 10	£5,667 6 4
31st March, 1964	£34,999 4 2	£5,211 5 4
31st March, 1965	£37,330 15 11	£5,702 17 2

CARE OF THE AGED

National Health Service Act 1946, S.28

National Assistance Act 1948, S.21

The situation regarding the care of the aged in Barnsley was described in some detail in the Annual Report for 1962 and no radical changes have materialised during the past two years. The position may be summarised as follows:

The Mount Vernon Hospital provides 66 geriatric beds. These have proved to be insufficient for the needs of the area and an early extension to this hospital is projected. There is adequate "Part III" accommodation provided by the local authority under the National Assistance Act 1948. In addition, a number of aged persons bungalows have been provided by the Housing Committee and for the occupants of these, special welfare arrangements have been brought into being. The various services provided by the health authority and described in other sections of this report are available and are specially co-ordinated to deal with the needs of the aged.

By reason that the geriatric hospital accommodation is not fully adequate to the needs of the area there is a waiting list for admission to hospital. The arrangement which has been in existence for a number of years past whereby the medical officer of health receives a copy of the current waiting list each week continues. This provides most helpful information and forms the basis of a weekly case conference held between the various

members of the health authority's staff concerned with the needs of the aged. The results of these deliberations are communicated to the consultant geriatric physician to the Hospital Group. Over the years this arrangement has proved to be of great value and promotes co-ordination and co-operation between the three parts of the health service. At the same time, a regular review of the needs of all geriatric patients for whom hospital care has become necessary is answered.

Reference has been made in the past to the problem of the geriatric patient who suffers from senile mental disturbance. 1964 has come and gone and as far as Barnsley is concerned, the solution to this problem seems to be no nearer. These patients are not very numerous but even so they cause a great deal of anxiety to all who are concerned with them. In many cases their physical infirmity is not very great and so it is difficult to justify priority admission to a geriatric or chronic sick medical ward. Their mental confusion is such that with the new approach to mental illness, the psychiatrists claim that they are unsuitable for admission to mental hospitals. Nevertheless, these patients call for constant experienced observation and care, by reason of their mental disorientation, to protect them from simple physical dangers and to prevent them from harming themselves. The mental and physical strain of having to care for such a patient placed on a family is very great indeed. It may well be that demands of this kind have something to do with the apparent decrease in filial affection in the community. Prior to the coming of the National Health Service when the strain of such patients became unbearable, arrangements existed whereby families, little as they might like to accept the solution, knew that they could get relief. This is not so certain today.

There is therefore a great need for a psycho-geriatric unit within the hospital system whereby skilled care can be provided for the patient suffering from senile confusion. It is to be hoped that this need will be met in the implementation of the Hospital Plan.

REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION

National Assistance Act 1948, S.47

National Assistance (Amendment) Act, 1951

No case arose during the year in which it was found necessary to consider action under S.47 of the National Assistance Act, 1948.

Consideration was given in several cases to invoking the powers conferred by this legislation. However, careful examination of the circumstances under which each of these arose indicated that the persons concerned would be more properly dealt with under the provisions of the Mental Health Act 1959. This course was therefore followed. It seems likely that in future a high proportion of cases of this kind will call for care through the Mental Health Service rather than the simple statutory action authorised in this section of the Act.

CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

The arrangements whereby the Medical Officer of Health acts as co-ordinating officer in accordance with the Minister's suggestions as contained in Circular 48/50 was continued throughout the year. Meetings were held at appropriate intervals at which interested bodies and Corporation departments were represented. Information relating to all known individual families was circulated prior to the meetings and a full discussion took place on each case.

The preparation of this information, and the greater part of the routine supervision of families in need of it is carried out by the health visiting staff who paid a total of 2,332 special visits for this purpose to 59 families who from time to time have come to the notice of the co-ordinating officer.

These families are, of course, those which are described as "problem families" and their supervision presents the health visiting service with an extremely difficult task. In most cases the underlying cause is the subnormal intelligence of one or both parents. This prejudices their ability to accept normal responsibilities and to withstand the many temptations towards improvidence. These difficulties can well be aggravated when in an attempt to encourage them, they are moved from slum dwellings to modern council property. They fail to appreciate the necessity for providing for the higher rent consequent upon the higher standard of accommodation and they are also much too easily influenced by the unscrupulous salesmen who tend to congregate like birds of prey when families are moved into new estates. In this way they tend to build up a load of debt which in turn reflects upon the care of the children. A great deal of work remains to be done in relation to these families including a re-appraisal of the place they should be permitted to occupy in the structure of the community. Until this is done the local authority and its officers can do little more than apply to them all possible assistance and help in those places where it appears to be indicated. At the same time they must ensure that the fullest possible advantage is derived by the children from the modern system of education with a view to ensuring that they in turn do not reproduce problem families themselves.

The opportunity is take here of acknowledging the assistance and co-operation in this work which is afforded by the probation officers and various voluntary bodies, notably the N.S.P.C.C. and the Salvation Army.

MEDICAL EXAMINATIONS

As in previous years, medical examinations for various purposes were carried out by the Corporation's medical officers (475 compared with 434 in 1963). The detail of the purposes of the examinations is as follows:

Child Delinquents	....	....	....	....	....	....	110
Boarded-out Children	....	....	....	....	....	....	55
Candidates for Training Colleges	....	....	....	....	....	....	30
Superannuation, Fitness for Employment	....	....	....	....	....	....	234
Police Force Recruits	....	....	....	....	....	....	30
Fire Service Recruits	....	....	....	....	....	....	16

PART IV

MENTAL HEALTH

The Mental Health Act, 1959

The National Health Service Act 1946, S.57

On an occasion of this kind it becomes more than a moral duty to speak one's mind. It becomes a pleasure.

“The Importance of Being Earnest”—Act I.
Oscar Fingal O’Flahertie Wills Wilde, 1856-1900.

Each year, in these series of annual reports on the Health of Barnsley, the facts regarding the provision of Hospital and Specialist Services for the mentally ill and subnormal in the area have been described and commented upon in detail. This has been done by reason of the fact that the Health Authority has responsibility for promoting good mental health as well as for the operation of certain Mental Health Services. Current legislation and modern thinking are making hospital and domiciliary services in this field not only complementary to each other, but more interdependent. All this has been emphasised over and over again since the inception of the National Health Service in 1948 when the responsibility for providing mental hospital accommodation was taken away from the Local Authority. As far as Barnsley is concerned, the mentally ill and subnormal and their families only began to encounter the difficulties and problems they now experience when this responsibility passed to the Minister of Health and his agents the Sheffield Regional Hospital Board.

Without reiterating the detail and comment of past reports, the facts may be stated as follows:—

1. No consultant Psychiatrist is resident in the Barnsley area. The consultant who conducts the outpatients clinic at Beckett Hospital is not on the staff of the hospital to which the vast majority of in-patients are admitted.
2. In-patient treatment is only provided through an ‘ad hoc’ arrangement between the Leeds and Sheffield Regional Boards at Storthes Hall Hospital near Huddersfield.
3. A psychiatrist from Storthes Hall attends Beckett Hospital from time to time for follow up interviews but he cannot be expected to advise on future development of the domiciliary services.
4. In the case of the mentally subnormal extreme difficulty is experienced in obtaining anything more than short term institutional care. The more helpless the patient, the greater the difficulty in obtaining admission to an institution. Permanent care in most cases involves lengthy correspondence with the administrative headquarters of the Regional Hospital Board. This is not unknown even where the need for admission arises from court proceedings.

In the case of the mentally ill, that a complete breakdown of service has not already occurred, is entirely due to the humanity, good nature and good will of the medical staff at Storthes Hall Hospital. As to the mentally subnormal, it would seem that the Local Authority would be fully justified in disclaiming any responsibility for the consequences of the present situation. It would seem in these circumstances that the authority’s plans prepared for further development of Mental Health Services in Barnsley are doomed to frustration if not to failure through no default on the part of the Authority.

It is essential that the authority's Mental Welfare Services should be closely co-ordinated as to both pre-care and after-care with the Hospital Services. This is only possible when a single psychiatrist or psychiatric team is responsible for the care of the patient. The provision of day centres and hostels for rehabilitation of the formerly mentally disordered can only be carried out effectively when there is continuity of supervision by a single psychiatric team. A fully comprehensive Geriatric Service calls for a consultant psychiatrist, and his team to co-operate in solving the problems of a large group of psycho-geriatric patients.

Examination of the figures comprising the pages which follow, will show that the Mental Health Services available to the residents of Barnsley, fail to attain modern accepted standards. It must be emphasised however, that the Local Health Authority has already provided such domiciliary and social services as can operate efficiently without co-ordination by a consultant psychiatrist. The Local Authority has through the medium of this series of reports, and by other means, made it clear that whenever the Sheffield Regional Hospital Board sees fit to provide a psychiatric team for the Barnsley area, every effort will be exerted to extend and co-ordinate the authority's work in the community with that of the hospital. Provision to do this has been set out in the authority's 'Ten Year Plan'. Further delay in the appointment of the consultant psychiatrist must inevitably delay the implementation of the Authority's plans.

It is appreciated that these facts have been stated and these opinions have been expressed in previous reports. They are repeated here to emphasise that the Local Authority's Mental Health Services have been developed as far as is reasonably possible without reciprocal development of their hospital counterpart. It is also desired to once again place on record, the authority's desire and indeed impatience to develop the domiciliary services still further when the necessary psychiatric leadership is made available.

It is interesting when considering the adequacy of mental hospital arrangement for the Barnsley area to relate to them the wording of the National Health Service Act, 1946, S.3(1) :—

'As from the appointed day, it shall be the duty of the Minister to provide throughout England and Wales, to such extent as he considers necessary to meet all reasonable requirements, accommodation and services of the following descriptions, that is to say :—

- (a) hospital accommodation;
- (b) medical, nursing and other services required at or for the purposes of hospitals;
- (c) the services of specialists, whether at a hospital, a health centre provided under Part III of this Act or a clinic or, if necessary on medical grounds, at the home of the patient.'

There are without doubt among the community in Barnsley, general practitioners, patients and patients' relatives and even members of the Health Authority's staff who would greatly appreciate a judicial interpretation of the words "to such an extent as he considers necessary to meet all reasonable requirements". It is hoped that "Some Village Hampden" will have the courage, and the public spirit to obtain such an interpretation from the High Court. This could be

done by challenging the Minister as to whether he (through his agents) has carried out his statutory duty. Presumably one of the ancient prerogative writs would be the appropriate procedure though it might appear to some that circumstances justify a "Petition of Right".

Progress towards the provision of the Adult Training Centre has been slow. However, plans were prepared during the year and were forwarded for approval to the Ministry of Health. There is every reason to hope that building operations for this will be commenced on the Broadway site during 1965.

During the year the mental welfare officers continued to carry out care and after-care visits as in the past and from time to time attended case conferences at Storthes Hall Hospital. One medical officer and the mental health officers continued to attend the psychiatric out-patients department at Beckett Hospital. The two female mental health officers have worked closely with the Child Psychiatrist at the Child Guidance Centre and have found this a most rewarding field of family mental health. In addition, the trainee mental health assistants have been employed in various aspects of case work and have made progress towards becoming useful members of the mental health team.

(1) **Administration**

(a) The duties of a Mental Health Sub-Committee are carried out by the Handicapped Persons Sub-Committee of the Health Committee. This sub-committee on which no co-opted members sit, consists of 9 members, three of whom are women. The sub-committee meets monthly.

(b) Number and qualifications of the staff:

The Medical Officer of Health,

The Deputy Medical Officer of Health,

The two Senior Clinical Assistant Medical Officers are approved for the purposes of S.28 of the Mental Health Act, 1959.

The Health Authority has an establishment of 3 Mental Health Officers and 2 Mental Welfare Assistants.

3 Mental Health Officers and 2 assistant were in post at the end of the year. Two Mental Health Officers are State Registered Nurses and hold the Health Visitors' Certificate.

The Junior Training Centre was available for children and young persons suffering from mental subnormality as a whole time Centre through 1964. The Supervisor is in possession of the Diploma qualification of the National Association for Mental Health. There are in addition six untrained assistants. The internal administration of the Centre is carried out by the Supervisor under the direction of the Medical Officer of Health.

(c) A Consultant Psychiatrist employed by the Regional Hospital Board holds an out-patient clinic at Beckett Hospital. The Mental Health Officers attend with patients at this psychiatric clinic as occasion demands. A Consultant Child Psychiatrist employed by the Regional Hospital Board attends at the Child Guidance Centre, Athersley, for three sessions weekly.

There are no officers jointly employed by the local authority and the Regional Hospital Board. After-care of patients discharged from mental hospitals or institutions is carried out as required by the Deputy Medical Officer of Health and by Mental Health Officers.

(d) No duties are delegated to Voluntary Associations.

(2) **Work undertaken in the Community**

(a) Under Section 28 of the National Health Service Act, 1946—

Prevention of Illness, Care and After-Care

This was done by visitation by the Mental Health Officers and also by the authority's health visitors. By this means efforts are made to persuade patients to attend the psychiatrist out-patients' clinics held by the Regional Hospital Board. The Mental Health Officers usually go with them and ascertain the nature of the advice. In this way it is possible to ensure that adequate supervision and assistance is available in cases where preventive measures are likely to be of value.

(b) Under the Mental Health Act 1959—

I Mental Illness

The number of cases investigated by Mental Health Officers is shown in tabular form on page 67.

In addition to visits to patients requiring admission to hospital the Mental Health Officers also made 956 after-care visits to patients who had been discharged from hospital and 250 visits to patients who did not require admission to hospital.

II Mental Subnormality

The diagnosis and notification of new cases proceeded throughout the year in conjunction with the School Health Service for the care of young children and otherwise.

The mentally subnormal in the community are supervised by the Mental Health Officers and 793 visits to homes were paid for this purpose during the year. At present there are no cases under guardianship in the County Borough.

Training

The authority maintains a Junior Training Centre in Pitt Street. 80 places are available.

Though the Centre is nominally a Junior Training Centre, facilities have been made available for adults to attend on a part-time basis several afternoons a week pending the opening of an Adult Training Centre.

The Junior Training Centre

The total of 73 whole-time and part-time on the Register of the Centre, represents an increase of 4 when compared with the figures at the end of 1963.

Work carried out by the Corporation's Building Department at the Centre included the redecoration of two classrooms.

The curriculum remained substantially the same as in 1963. Patients over 16 continued to attend the Centre part-time and receive instruction in a wide range of handicrafts. The opening of the pro-

jected Senior Training Centre will enable not only those adult subnormals who are now attending the Junior Centre part-time to have whole-time training, but will provide for a number who do not at present attend at all.

Two day outings to Cleethorpes were organised in June in which 60 adults and children took part. The Local Authority's parties were held in December.

Meetings of the Parent-Teacher Association were held each term throughout the year.

The Centre continued to provide practical training for students undertaking the Diploma Courses for Teachers of the Mentally Handicapped and is recognised for this purpose by the National Association for Mental Health.

Two of the Assistant Supervisors attended Refresher Courses, one at Eccleshall Training College in April and one at Westhill Training College, Birmingham in July.

No. of persons on register :

	Males		Females		Total		Grand Total
	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16	
Attending full-time .	15	14	14	13	29	27	56
Attending part-time .	1	6	—	10	1	16	17

Average Full-time attendance :

Boys under 16 years of age	....	....	....	....	....	....	8.27
Boys over 16 years of age	....	....	....	....	....	....	10.86
Girls under 16 years of age	....	....	....	....	....	....	11.36
Girls over 16 years of age	....	....	....	....	....	....	10.18

Average Part-time attendance :

Boys under 16 years of age	....	....	....	....	....	....	.46
Boys over 16 years of age	....	....	....	....	....	....	3.89
Girls under 16 years of age	....	....	....	....	....	....	—
Girls over 16 years of age	....	....	....	....	....	....	5.00

Dinners :

No. of children receiving and paying for dinners (1/- each)	....	....	....	....	....	....	49
No. of children receiving free dinners	....	....	....	....	....	....	7
Total number having dinners	....	....	....	....	....	....	56
No. of dinners provided for children—paid (1/-)	....	....	....	....	....	....	7881
No. of dinners provided for children—free	....	....	....	....	....	....	1479
No. of dinners provided for staff—paid	....	....	....	....	....	....	—
No. of dinners provided for staff—free	....	....	....	....	....	....	450
Total number of dinners provided	....	....	....	....	....	....	9810
No. of $\frac{1}{3}$ rd pint bottles of milk delivered for children	....	....	....	....	....	....	7444

Position regarding patients in psychiatric hospitals

Number of patients in psychiatric hospitals on 1st January 1964 :

Mentally ill						Males	Females
Storthes Hall Hospital	....	....	....	....	....	84	92
Stanley Royd Hospital	....	....	....	....	....	4	7
Menston Hospital	....	....	....	....	....	4	1
Runwell Hospital, near Wickford	....	....	....	....	....	1	1
						93	101

Sub-normal and severely sub-normal					Males	Females
St. Catherine's, Doncaster	....	....	....	....	37	42
Leicester Frith, Leicester	....	....	....	....	1	—
Grenoside, Sheffield	....	....	....	....	1	—
Lisieux Hall, near Chorley	....	....	....	....	1	—
Dronfield Hospital, near Chesterfield	....	....	....	....	1	—
Balderton Hospital, near Newark	....	....	....	....	3	—
Aston Hall, near Derby	....	....	....	....	1	1
Ridgeway Hospital, Belper	....	....	....	....	1	—
Glengate Hospital, Leicester	....	....	....	....	1	—
Rampton, near Retford (special hospital)	....	....	....	....	2	—
					<hr/> 49	<hr/> 43

Admissions during the 12 months ended 31st December 1964 :

Mentally ill					Males	Females
Storthes Hall Hospital	....	....	....	....	33	82
Stanley Royd Hospital	....	....	....	....	—	1
Runwell Hospital, near Wickford	....	....	....	....	1	—
(transfer from Storthes Hall Hospital)						
					<hr/> 34	<hr/> 83

Sub-normal and severely sub-normal					Males	Females
Aston Hall, Derby	....	....	....	....	1	1
St. Catherine's, Doncaster	....	....	....	....	2	—
St. Joseph's (certified) Home, Sheffield	....	....	....	....	—	1
Meanwood Park, Leeds	....	....	....	....	1	—
					<hr/> 4	<hr/> 2

Discharges during the 12 months ended 31st December 1964 :

Mentally ill					Males	Females
Storthes Hall Hospital	....	....	....	....	45	78
Stanley Royd Hospital	....	....	....	....	—	—
					<hr/> 45	<hr/> 78

Sub-normal and severely sub-normal					Males	Females
Fir Vale Hospital, Sheffield	....	....	....	....	—	1
(transferred to Aston Hall)						
St. Catherine's, Doncaster	....	....	....	....	1	—
(transferred to Aston Hall)						
					<hr/> 1	<hr/> 1

Deaths during the 12 months ended 31st December 1964 :

Mentally ill					Males	Females
Storthes Hall Hospital	....	....	....	....	5	11
Stanley Royd Hospital	....	....	....	....	—	—
					<hr/> 5	<hr/> 11

Sub-normal and severely sub-normal						Males	Females	
St. Catherine's, Doncaster						—	1	
Kendray. Emergency admission. Died prior to transfer to St. Catherine's (was awaiting bed accommodation)						—	1	
						—	2	
Number of patients in psychiatric hospitals on 1st January 1965 :								
Mentally ill						Males	Females	
Storthes Hall Hospital						61	66	
Stanley Royd Hospital						4	7	
Menston Hospital						4	1	
Runwell Hospital, near Wickford						1	1	
						70	75	
Sub-normal and severely sub-normal						Males	Females	
St. Catherine's, Doncaster						38	41	
Leicester Frith, Leicester						1	—	
Grenoside, Sheffield						1	—	
Lisieux Hall, near Chorley						1	—	
Dronfield Hospital, near Chesterfield						1	—	
Balderton Hospital, near Newark						2	—	
Aston Hall, near Derby						2	2	
Ridgeway Hospital, Belper						1	—	
Glengate Hospital, Leicester						1	—	
Rampton, near Retford (special hospital)						2	—	
						50	43	
						Males	Females	Totals
Number of visits made to patients discharged from psychiatric hospitals						318	638	956
Number of visits made to patients reported for investigation but who were not removed to hospital						59	191	250
Number of visits made to sub-normal and severely sub-normal patients (including the educationally sub-normal)						363	430	793
Number of visits made re patients in psychiatric hospitals and to patients who are on week-end leave						35	53	88
						775	1312	2087

Analysis of cases investigated and dealt with by the Mental Health Officers during 1964

Mental Health Act, 1959 :		Males	Females	Totals
Section 5—informal admission		15	38	53
Section 25—compulsory admission for observation for a period not exceeding 28 days		10	23	33

Section 26—compulsory admission for treatment	1	2	3
Section 29—compulsory admission (emergency) for observation for a period not exceeding 72 hours	7	20	27
	<u>33</u>	<u>83</u>	<u>116</u>
Patients over 70 years of age (included in the above) who were admitted to psychiatric hospitals during 1964			
	Males	Females	Totals
Section 5—informal admission	4	3	7
Section 25—compulsory admission—limited period	—	—	—
Section 29—compulsory admission—emergency	1	1	2
	<u>5</u>	<u>4</u>	<u>9</u>

MENTAL HEALTH ACT, 1959

	Mentally Ill				Psychopath				Subnormal				Severely Subnormal				Total subnormal and severely subnormal		Grand Total of Cols. (1)-(16)
	Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16	16 and over	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F					
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)				(17)	(18)	(19)
1. Admissions to guardianship of L.H.A. or other guardian during the year ended 31/12/64	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Total number under guardianship at 31/12/64	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Number of patients under L.H.A. care at 31/12/64	—	—	71	136	—	—	—	—	1	—	62	49	19	17	54	50	37	215	459
(a) Total number	—	—	—	—	—	—	—	—	—	—	—	4	13	14	20	18	27	42	69
(b) Attending day training centre Awaiting entry thereto	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Resident in residential training centre	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
(d) Receiving home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(e) Resident in L.A. Home/Hostel	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3	3
Awaiting residence in L.A. Home/Hostel	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Resident at L.A. expense in other residential homes/hostels	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1	2	3
Resident at L.A. expense by boarding out in private household	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(f) Receiving home visits and not included under (b) to (e)	—	—	71	136	—	—	—	—	1	—	62	44	—	2	32	29	3	167	377

Mental Health Act, 1959—continued

	Mentally Ill				Psychopath				Subnormal				Severely Subnormal				Total subnormal and severely subnormal		Grand Total of Cols. (1)-(16)
	Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	
4. Number of patients in L.H.A. area on waiting list for admission to hospital at 31/12/64																			
(a) in urgent need of hospital care	—	—	—	—	—	—	—	—	—	1	—	2	1	2	3	3	6	9	
(b) not in urgent need of hospital care	—	—	—	—	—	—	—	—	—	3	—	—	2	—	1	2	4	6	
5. Number of admissions for temporary residential care (e.g. to relieve the family)																			
(a) To N.H.S. hospitals	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(b) To L.A. residential accommodation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(c) Elsewhere	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

Number of patients referred to Local Health Authority during year ended 31st December, 1963

	Mentally Ill				Psychopath				Subnormal				Severely Subnormal				Total subnormal and severely subnormal		Grand Total of Cols. (1)-(16)
	Under Age 16 M	Under 16 F	16 and over M	16 and over F	Under Age 16 M	Under 16 F	16 and over M	16 and over F	Under Age 16 M	Under 16 F	16 and over M	16 and over F	Under Age 16 M	Under 16 F	16 and over M	16 and over F	Under Age 16	16 and over	
Referred by—	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
(a) General practitioners 	—	—	10	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	28
(b) Hospitals, on discharge from in-patient treatment 	—	—	8	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21
(c) Hospitals, after or during out-patient or day treatment ...	—	—	10	30	—	—	—	—	—	—	—	—	3	2	—	—	5	—	45
(d) Local education authorities ...	—	—	—	—	—	—	—	—	1	3	1	1	3	2	2	1	9	5	14
(e) Police and courts 	—	—	8	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	18
(f) Other sources 	—	—	4	17	—	—	—	—	—	—	—	—	—	1	—	—	1	—	22

**Waiting List of Sub-normal and Severely Sub-normal
patients as at 31st Decembre, 1964**

	URGENT				NON-URGENT				Total
	Under 16 years		16 years and over		Under 16 years		16 years and over		
	M	F	M	F	M	F	M	F	
Severely Sub-normal:									
(a) "Cot and Chair"	—	—	—	—	—	—	—	—	—
(b) "Ambulant"	2	1	2	3	—	2	—	1	11
Sub-normal	—	—	1	—	—	—	3	—	4
Total	2	1	3	3	—	2	3	1	15

PART V

THE HANDICAPPED

Nous avons tous assez de force pour supporter les maux d'autrui.

Maximes, 19.

Duc De La Rochefoucauld, 1613-1680

Over the years efforts have been made to establish a pattern of welfare for the handicapped based on leadership towards independence. In the first place it became necessary to break down the barriers whereby those with a handicap in common, tended to close themselves off, held together by the bonds of their misfortune. At that time welfare arrangements accepted these little communities of affliction and in efforts to help, prompted more by emotion than rational thinking, increased the segregation of the handicapped still further.

In order, therefore, to give the new pattern some hope of effectiveness, it has been necessary first of all to attempt to lead handicapped individuals into an appreciation of the existence of a wider world than the one they have known in the past. This has not been easy and even yet, there are groups which tend to shy away from attempts to introduce them to others whose difficulties differ from theirs but which are in their way, quite as disabling.

Over the years a great deal has been achieved in Barnsley in breaking down the barriers which custom and well intentioned attempts at welfare work have built up between various groups. More still would have been achieved had better facilities in the way of buildings and equipment been available. The history of the difficulties and problems which resulted from this lack of facilities has been told in previous annual reports.

In the pages which follow are set out the details of the social services provided. Close examination of them will show that amongst them are figuring more and more arrangements which bring together individuals suffering from differing disabilities. It will be observed that more and more encouragement is being given to activities both social and pastime which tend to establish the individual's independence. There seems to be little doubt that any Welfare Service which results in an increasing dependence upon it, renders the community it serves a great disservice. On the other hand, the establishment or re-establishment of self-reliance and self-confidence is, in the handicapped, the first step towards rehabilitation and assimilation into the community in general.

It is for these reasons that the progress which was made during 1964 towards the opening in Barnsley of the long awaited Sheltered Workshop is so welcome. The end of the year saw the fabric of the building on the Broadway site almost completed, the manager appointed and in post and enquiries being instituted as to the marketing of products. With the offer of real wages to those who are willing to train to take their places in competitive industry, come greatly increased opportunities of true independence for the handicapped. It is to be hoped that none of these opportunities will be neglected.

WELFARE OF THE BLIND

The Barnsley Corporation provides blind welfare services for the County Borough Area and in addition, under agency arrangements with the County Council of the West Riding of Yorkshire, provides these services for the surrounding districts within an approximate radius of seven miles from the centre of the town. The Medical Officer of Health is the Superintendent of the Welfare Services for the Handicapped, and the day to day administration of the Blind Welfare Service forms part of the services administered by the Handicapped Services Department which is in the charge of the Senior Welfare Officer. Four Home Teachers of the Blind (two of whom are registered blind persons) are also appointed for the purpose of visiting blind persons in their homes, teaching braille and moon, organising social activities and encouraging pastime handicraft work, attending to the additional grants payable by the National Assistance Board to blind persons and generally assisting blind persons in every way possible. Each Home Teacher is allocated his or her particular district and each Officer's case load of blind and partially sighted persons is made as equal as possible.

Blind Population at the end of 1964

The number of registered blind persons under the care of the Department as at the end of 1964 is reproduced as follows from the Form B.D.9 (Annual Return to the Ministry of Health).

		Barnsley Area			West Riding Area		
		Males	Females	Total	Males	Females	Total
Under 5	....	—	—	—	1	—	1
5—15	....	4	—	4	1	5	6
16—20	....	—	2	2	1	—	1
21—49	....	14	9	23	14	14	28
50—64	....	16	19	35	24	24	48
65 and over		37	61	98	65	117	182
		—	—	—	—	—	—
		71	91	162	106	160	266
		—	—	—	—	—	—

In the Barnsley area 24 new cases were registered as blind and 1 case removed into the area. 23 deaths occurred, 5 persons removed out of the area, thus making a decrease of 3 for the year.

In the West Riding area, subject to supervision by agency arrangements, 34 new cases were registered as blind and 10 persons removed into the area. 28 deaths occurred among those previously registered as blind. There were 4 removals out of the area and 3 persons were de-certified. The number on the register therefore shows a net decrease of 9.

Prevention and Incidence of Blindness

During the year no children under ten years of age were registered as blind, either in the Barnsley area or in the West Riding area. It is noteworthy that out of a total of 34 new cases registered in the West Riding area, no less than 27 were over the age of 65 years. In the Barnsley area, out of a total of 24 new

cases no less than 20 were over the age of 65 years. These figures follow the national trend, where statistics show that a vast majority of newly registered blind persons are over 65 years of age.

Close co-operation is maintained with the Ophthalmic Department of the Beckett Hospital, Barnsley, especially with regard to the follow-up of patients undergoing treatment and recommended for treatment or surgical operations. The Home Teachers of the Blind establish a link between the blind persons concerned and the hospital authorities and systematically follow up all the cases admitted to the blind register or the register of partially sighted persons, where hospital treatment is recommended on Form B.D.8 by the Ophthalmic Surgeon.

Arrangements are made for such persons who are 'not blind' within the definition of blindness laid down in the National Assistance Act, 1948, but who are nevertheless substantially and permanently handicapped by congenitally defective vision of a substantially and permanently handicapping character, to be included in a special register under the classification of "Register of Partially Sighted Persons". Such persons are provided with the same welfare services as those available for blind persons. Classification in age groups of the partially sighted persons is given below as reproduced from the Form B.D.9(a) which is the Annual Report submitted to the Ministry of Health.

		Barnsley Area			West Riding Area		
		Males	Females	Total	Males	Females	Total
Under 5	....	—	—	—	—	—	—
5—15	....	6	1	7	4	5	9
16—20	....	2	4	6	—	1	1
21—49	....	5	4	9	5	4	9
50—64	....	6	9	15	6	3	9
65 and over		10	29	39	21	37	58
		—	—	—	—	—	—
		29	47	76	36	50	86
		—	—	—	—	—	—

Cause of Blindness—Newly Registered Blind Persons

					Barnsley	West Riding
Congenital	....	....	....	....	—	—
Myopic Error	....	....	....	....	3	4
Cataract	....	....	....	....	5	14
Detachment of Retina	....	....	....	....	—	2
Infectious Diseases	....	....	....	....	—	—
Glaucoma	....	....	....	....	6	3
Retrolental Fibroplasia	....	....	....	....	—	—
General Diseases	....	....	....	....	10	11
					—	—
					24	34
					—	—

Follow-up of Registered Blind and Partially Sighted Persons Barnsley Area

	Cataract	Glaucoma	Retrolental Fibroplasia	Others	Total
Number of new cases registered which Sec.F.(i) of Form B.D.8 recommends:					
(a) No treatment	4	—	—	13	17
(b) Surgical, medical or optical treatment	9	8	—	9	26
Number of cases (i)(b) which on follow-up action have received treatment	7	8	—	5	20
Note:					
Refusals	—	—	—	—	—
Waiting	12	—	—	4	16

West Riding County Council

	Cataract	Glaucoma	Retrolental Fibroplasia	Others	Total
Number of new cases registered which Sec.F.(i) of Form B.D.8 recommends:					
(a) No treatment	7	1	—	15	23
(b) Surgical, medical or optical treatment	23	4	—	12	39
Number of cases (i)(b) which on follow-up action have received treatment	9	4	—	10	23
Note:					
Refusals	2	—	—	2	4
Waiting	11	—	—	—	11

1 died before undergoing treatment.

Ophthalmia Neonatorum

No case of Ophthalmia Neonatorum was notified in 1964.

Classification of the Blind

	Barnsley		West Riding	
	M.	F.	M.	F.
Unemployable	40	59	69	110
Unemployed but employable	5	—	5	2
Employed as wage earners	6	4	7	—
Not available for employment household duties etc.	6	18	13	25
Trained but unemployed	1	—	—	—
In training	—	—	—	1
At school	1	1	2	5
Not at school	3	—	1	—
In Blind Homes, Hospitals and Part III Accommodation	9	9	9	17
	71	91	106	160

Training and Rehabilitation

A partially sighted man in category A of the register was admitted on the 16th January 1964, to the Industrial Rehabilitation Unit at Torquay. Following a successful course at Torquay, this partially sighted man was placed in employment as a telephone operator at the local Headquarters of the National Coal Board. This placement was effected in close co-operation with the Ministry of Labour Blind Persons Resettlement Officer.

On the 5th March 1964, a Barnsley registered blind male was admitted to the Torquay Rehabilitation Centre and, following his discharge, was recommended by the Assessment Centre as unsuitable for open industry. He was, however, placed by the Ministry of Labour Blind Persons Resettlement Officer as a labourer in a local paper-making firm.

On the 26th November 1964, a young female West Riding blind person was admitted for a course of training in telephone switchboard operating, to the Royal National Institute for the Blind Training Centre. She was not, however, successful in reaching the grade required, and has now been placed on the waiting list for a course of Audio Typing.

At the end of 1964, arrangements were made in liaison with the West Riding County Council Education Department for the admission of a young male registered blind person to the Royal National Institute for the Blind Development Centre, Harbourne, Birmingham.

A young Barnsley female blind person, who has been in training in round machine knitting at the York Workshops for the Blind, finally terminated her training during 1964 and was admitted as an Improver Journeyman to the Barnsley Blind Workshops in the Knitting Department. She failed, however, to make any material progress and it was reluctantly decided to terminate her appointment.

The arrangements which had been made during the previous year with the Barnsley College of Technology for a male blind person to receive individual tuition in typewriting at his home were continued during the year. This blind person is successfully and satisfactorily holding down a job as a telephone switchboard operator at a local colliery.

Placement of Blind Persons in Open Industry

The Ministry of Labour continued during the year to provide the placement services for the blind in Barnsley and District through their blind persons' Resettlement Officer.

On form B.D.9 in respect of the County Borough Area, it was notified that there were five males who were unemployed or undergoing training and who required employment. Similarly in the West Riding Area, covered by agency arrangements with the West Riding County Council, it was notified on form B.D.9 that there were five males and three females unemployed and available for work.

During 1964 the Blind Persons' Resettlement Officer placed one blind and one partially sighted person in open industry.

Home Workers Scheme

No blind persons are employed under the Home Workers Scheme in the Barnsley County Borough Area. In the West Riding Area two male blind persons are employed in Home Workers Schemes, one as a newspaper seller and the other as a piano tuner.

Types of Employment of Blind Persons

	Barnsley		West Riding	
	Males	Females	Males	Females
Basket maker	1	—	—	—
Home Teachers	2	—	—	—
Machine knitters	—	4	—	—
Masseur	1	—	—	—
Labourer	1	—	2	—
Piano tuner	—	—	1	—
Telephone operator	—	—	1	—
Mat maker	—	—	1	—
Brush maker	—	—	1	—
Others employed	1	—	1	—
	—	—	—	—
	6	4	7	—
	—	—	—	—

Home Teaching Service

The North Regional Association for the Blind organised a weekend school at Morecambe, which was attended by two Home Teachers and the Senior Welfare Officer. This weekend school covered important subjects such as the Deaf-Blind and Social Work Training, and was an excellent and useful refresher course, which operated from the 24th to the 27th April, 1964.

The North Regional Association held a Conference for Home Teachers on the 29th October, 1964 at Leeds, where talks were given regarding the large print books available for partially sighted persons and a lecture given on Talking Book Machines.

During the year Student Home Teachers were attached to the Department by the North Regional Association for the Blind. This liaison with the Association has continued for many years.

Four Home Teachers, two female sighted and two male registered blind persons, are employed for the purpose of visiting blind persons in their own homes, to discover and ascertain the needs of new cases, teaching braille and moon, organising social activities and other activities, arranging and teaching pastime handicrafts and providing general welfare services for the blind. Similar welfare services are provided for partially sighted persons and as many partially sighted persons are subsequently certified blind, the Home Teacher is already well aware of the needs of these people. The registration of a person as blind within the meaning of the Act, involves additional financial assistance from the National Assistance Board. This immediate financial benefit does not, of course, apply to persons who are classified as 'partially sighted'.

During the year a total of 2,337 visits were made to individual homes in Barnsley and 3,590 visits in the West Riding area. Details with regard to the number of visits paid by each Home Teacher are given below.

	Barnsley	West Riding
Miss Mitchell	340	769
Miss E. White	605	1,085
Mr. J. Moore	568	1,119
Mr. H. V. Davis	824	617

In view of the fact that the majority of registered blind persons are over the age of 65 years and many of these persons are living alone, the domiciliary visits paid by Home Teachers to such cases, are extremely valuable.

In view of the impending retirement of Miss Mitchell, Home Teacher, in 1966, the Committee decided to appoint a Trainee Home Teacher who will be available in 1966 to take the Home Teachers' Certificate and fill the vacancy which will thus exist.

Social Activities

Social Centres for the blind are provided in Barnsley, Wombwell, Hoyland and Thurnscoe, where blind persons meet regularly for conversation, music, games and pastime occupations. Sessions are held twice weekly at Barnsley and weekly at Wombwell, Hoyland and Thurnscoe. The game of dominoes is very popular and each centre has a domino team which competes at the Annual Domino Tournament held in October of each year in Barnsley. In 1964 the Grocock Trophy for straight dominoes was won by the Hoyland Centre, and the Chappell Trophy for Fives and Threes was won by the Barnsley Centre. The Domino Competition for the Alec Forbes Domino Trophy was held on a home and away basis throughout 1964 by the domino teams from each Centre. The shield was won in 1964, by the Wombwell Centre. In addition, an individual knock-out competition was held for which substantial money prizes were generously provided by the Barnsley and District Joint Blind Welfare Committee. A total of ten guineas in cash was presented to the winners of this Competition. The Competition for 1964 was divided into two categories to allow two separate competitions for those who are totally blind and play by touch, and those who are partially blind and play by sight.

In the County Borough Area, bus passes are provided from the Yorkshire Traction Company at an agreed reduced rate and issued free of charge to each registered blind person in the Barnsley County Borough Area who desires to make use of this facility.

Outings to places of interest, sports and excursions to the seaside from the Centres, form the main part of the blind persons social activities. The Annual Blind Sports Day was held again at Wortley Hall on the 8th July 1964 and good weather favoured the occasion and the blind thoroughly enjoyed the various games and other activities organised for their benefit.

During the winter months organised parties of blind persons attended concerts, plays and other entertainments, and at Christmas time, members of each Centre hold their own party and finally come together for a big party which was held at the Arcadian Restaurant, Barnsley on the 20th January, 1964.

The Hoyland and Thurnscoe Social Centres combined to have an outing to Bridlington on the 9th July, 1964. The Wombwell Centre held their Annual Outing on the 12th August, 1964, to Whitby.

The interest shown by the Tape Recording Section of the Y.M.C.A. in the blind who attend the Barnsley Blind Centre, must be recorded and during the year, tape recording sessions and musical evenings were provided by this Section and were very much appreciated by the blind.

The Barnsley and District Joint Blind Welfare Committee provided an Annual Outing for blind and partially sighted children, when they went to Scarborough. On this occasion certain married blind persons who could not participate in the ordinary outing, were allowed to take their children at an agreed cost. The Annual Outings provided by the Joint Blind Welfare Committee for the adult blind, were held in Scarborough on the 16th and 23rd July and the children's outing was on the 13th August 1964.

All blind persons are encouraged to take an annual holiday each year, away from home, and for this purpose a grant of 30s. is made by the Barnsley and District Joint Blind Welfare Committee to every blind person who takes a bona fide holiday away from home. The full maintenance cost of blind persons who are recommended by their doctor for convalescence at holiday homes for the blind, is met by this Committee. The Organised Holiday Scheme for all handicapped persons including the blind, was based during 1964 on the Solarium Hotel, Blackpool, and a hotel at Southport. A total of 53 blind persons and 48 Guides participated in the scheme during 1964.

Blind Re-unions are held near to Christmas time when a grant of 10s. was made to each blind person, in addition to an excellent meal and a suitable concert party provided entertainment later in the evening. Blind persons who are unable to attend the re-unions owing to infirmity or illness, were given a grant of 22s.6d. The Re-unions were held at the Arcadian Restaurant, Barnsley, in January and at Wortley Hall, nr. Sheffield, for the outer areas. The Joint Blind Welfare Committee made a grant of £6 in cash or £5 in cash and three bags of coal, to all housebound blind persons who had been unable to attend any of the activities organised by that Committee during 1964.

Blind and partially sighted children were again invited to the comprehensive handicapped children's party which was held on the 23rd December, 1964 in the Town Hall. The party was thoroughly enjoyed by both parents and children and was more integrated among the classes of handicapped children than on all previous occasions.

Bulb Growing Competition

The Barnsley and District Joint Blind Welfare Committee issue hyacinth bulbs planted in small pots, free of charge, to any registered blind person who wishes to enter the Competition and the distribution of bulbs is made during October and November prior to the finals of the Competition which is held in March each year. The cash prizes which are granted to each Section of the Competition together with an additional prize for the best bulb in the show are generously provided by the Barnsley and District Joint Blind Welfare Committee together with the cost of a buffet tea for all who attend. During 1964 the finals were held

in the Regent Street Schoolroom on the 4th March, but of the 200 bulbs originally issued, only approximately 100 were submitted for judging. In view of the expense involved in this Competition, it has been decided not to hold a bulb growing competition in 1965.

Handicraft Classes

The Handicraft class which is held weekly on Tuesdays in the Corporation Centre at Dyson Street, Kingstone, continues to flourish and there are regularly 20 to 30 blind persons and Guides in attendance. Blind persons attending are taught pastime handicrafts such as basket-making, chair-caning, rug-making, hand knitting, lampshade making and tray making. Some handicraft materials are written off for training purposes, but in many cases satisfactory results are obtained and saleable articles are completed. A charge for materials only is made to the blind. Many repairs are also carried out to broken basket handles and this aspect of the service for the public is increasing.

Good quality handicraft articles made at the Centre are sent to the Department Sales Shop in Kendray Street for sale to the public. The fact that there is a proper and satisfactory venue for the disposal of completed handicraft articles, is a source of satisfaction to the blind and to the Officers in persuading blind persons to undertake handicrafts.

Braille Classes and Reading Material

For those blind persons who wish to be taught braille, Home Teachers ensure that such tuition is readily and freely given. Teaching in Moon type is also available to those elderly blind who require this service. Membership by the blind of the Northern Library for the Blind, which provides access to a wide range of books of braille literature, is encouraged by the Home Teachers. For blind persons who are able to write braille, braille writing frames are loaned to them as part of the service financed by the Voluntary Committee for the blind.

Partially Sighted

The large type books printed by the Ulverscroft Publishing Company for all partially sighted persons, has been the most noteworthy advance in the welfare of the partially sighted for years. The County Borough Public Library and West Riding Libraries were asked to provide these large print books for the partially sighted in Barnsley and District and all the Libraries concerned have responded and stock these books. Many letters of appreciation have been received from partially sighted persons who are now able to read books in large print, and all partially sighted persons in the area have been circulated with full details of these new and excellent services.

Talking Book Machines

In view of the increasing numbers of elderly blind persons on the register, more requests have been received for the provision of a talking book machine. At the end of 1964 there were 43 tape talking book machines on loan to blind persons in Barnsley and District. Towards the end of 1964 the Nuffield Talking Book

Library notified that the annual rental of £2 for Talking Book Machines was to be increased to £3 per annum. The cost of the rentals for Talking Book machines is at present met by the Barnsley and District Joint Blind Welfare Committee. The steady demand for Talking Book machines continues and it is fully expected that the numbers of blind persons possessing a machine will soon reach a significant proportion of the blind population.

The Deaf Blind

The number of blind persons in the area who are also deaf is comparatively small. In the County Borough area there are 12 blind persons who are also hard of hearing and one person who is deaf with speech. In the West Riding area, there are 30 blind persons who are also hard of hearing and 2 blind persons deaf with speech and 1 blind person deaf without speech. The Home Teachers of the Blind are trained to use the manual alphabet in the case of the totally deaf persons.

Special arrangements are made to accompany deaf-blind persons who take holidays at the various homes provided on a national basis. The Joint Blind Welfare Committee normally pay the full maintenance and travelling expenses for the deaf blind persons who apply for such assistance.

Social Rehabilitation

No cases were admitted to the Social Rehabilitation Centre at Oldbury Grange, Bridgnorth, during 1964.

Guide Dogs for the Blind

No blind persons from the Barnsley or West Riding areas attended any of the Centres provided by the Guide Dogs for the Blind Association for courses of training and provision of a guide dog. At the end of 1964, one Barnsley blind male person continued to be provided with a guide dog and it considerably assists in his mobility.

Marketing and Sales of Blind Handicraft Goods

Handicraft articles made by blind persons at the Corporation's Handicraft Centre and at their own homes continue to be placed on sale to the general public in the Sales Shop in Kendray Street, Barnsley.

A sale of work was held at the Westgate Centre on the 8th and 9th May, 1964, but the total sales were disappointing.

The total sales during 1964 of blind handicraft articles were as set out below.

Cash Sales	Credit Sales	Total Sales
£56-8s. 1d.	£2 5s. 6d.	£58 13s. 7d.

WELFARE OF THE DEAF

The Corporation's Scheme for the welfare of the deaf continued to be implemented during the year under review. The Corporation provides welfare services for the County Borough area and in addition, under agency arrangements with the County Council of the West Riding of Yorkshire, provides these services for all surrounding districts within an approximate radius of seven miles from the centre

of the town. The day to day administration of the deaf welfare services forms part of the services administered by the Handicapped Services Department which is in the charge of the Senior Welfare Officer. A male Welfare Officer for the Deaf and Dumb is employed to deal with the needs of the deaf and also with hard of hearing persons in the area under the control of the Department and in addition, a female Welfare Assistant for the Deaf and Dumb is employed on a full-time basis.

The Welfare Officers for the Deaf are appointed for the purpose of assisting deaf persons in all aspects of their welfare, to provide interpretation and means of communication with deaf persons requiring these services on all possible occasions, to promote and assist social and sports activities among the deaf and to visit deaf and hard of hearing persons in their own homes.

The registration of deaf persons with and without speech in the area covered by the Department has been fully completed for some years and ascertainment and registration of further hard of hearing persons still continues. Owing to the increasing numbers of hard of hearing persons coming to the notice of the Department and desiring registration, it has been necessary for the Hard of Hearing Register to be sub-divided as between those hard of hearing persons requiring a full range of domiciliary visiting services and a subsidiary register which is known as the 'B' register for those hard of hearing persons who merely visit the Department to avail themselves of the hearing aid repair service. By this means, it is possible to retain the 'A' register for those who require complete welfare services and statistically to contain the numbers to a realistic level.

Registration of the Deaf

The classification of the Registers for the Deaf and Hard of Hearing were set out in Ministry of Health Circular 25/61 dated the 14th September, 1961, and are as follows:—

(a) Deaf without speech (b) Deaf with speech (c) Hard of Hearing

Following upon receipt of the Ministry Circular, the registers were revised and the deaf register split into two registers. The difficulties with regard to the hard of hearing register have already been explained above and the main register for the hard of hearing which is known as the 'A' register is the one which is quoted for statistical purposes in all annual returns to the Ministry of Health.

It is gratifying to report that deaf persons of all categories now regularly visit the Handicapped Services Department to bring hearing aids for repair and to discuss problems with the Welfare Officers for the Deaf, in exactly the same way as other handicapped persons visit the Department and in this way, all handicapped persons meet on common ground whatever their disability. It is without doubt the hearing aid repair service which has attracted a great number of hard of hearing persons to the Department in order to obtain speedy repairs to their hearing aids. Full details regarding the numbers on the registers at the end of 1964, in the three categories are given below.

Deaf without Speech

			Degree of Deafness					Cause of Deafness	
			C.B.B.	W.R.C.C.				C.B.B.	W.R.C.C.
Total	....	....	33	41	Born Deaf	....		29	38
Severe	....	....	22	30	Deafness				
Slight	....	....	—	—	acquired	....		26	33
			—	—				—	—
			55	71				55	71
			—	—				—	—

						Degree of Speech	
						C.B.B.	W.R.C.C.
Normal	....	....	....	....	....	—	—
Indistinct but intelligible	....				....	30	40
Unintelligible	....	....	....		....	25	31
						—	—
						55	71
						—	—

Deaf with Speech

			Degree of Deafness					Cause of Deafness	
			C.B.B.	W.R.C.C.				C.B.B.	W.R.C.C.
Total	....	....	10	7	Born Deaf	....		3	2
Severe	....	....	11	11	Deafness				
Slight	....	....	—	—	acquired	....		18	16
			—	—				—	—
			21	18				21	18
			—	—				—	—

						Degree of Speech	
						C.B.B.	W.R.C.C.
Normal	....	....	....	....	....	19	17
Indistinct but intelligible	....				....	2	1
Unintelligible	....	....	....		....	—	—
						—	—
						21	18
						—	—

Hard of Hearing

			Degree of Deafness					Cause of Deafness	
			C.B.B.	W.R.C.C.				C.B.B.	W.R.C.C.
Total	....	....	—	—	Born Deaf	....		1	4
Severe	....	....	124	106	Deafness				
Slight	....	....	5	3	acquired	....		128	105
			—	—				—	—
			129	109				129	109
			—	—				—	—

						Degree of Speech	
						C.B.B.	W.R.C.C.
Normal	....	....	....	....	....	129	108
Indistinct but intelligible	....				....	—	1
Unintelligible	....	....	....		....	—	—
						—	—
						129	109
						—	—

Employment of the Deaf

The employment position among the deaf without speech during 1964, remained satisfactory and few deaf persons in the employable age groups are unemployed. Deaf persons of employable age are registered as disabled persons under the Disabled Persons Employment

Act, 1944, and in liaison with the Disablement Resettlement Officer of the Ministry of Labour, are helped by the Welfare Officers for the Deaf to obtain employment. Deaf persons have the reputation of being excellent workers and contacts established by the Welfare Officers for the Deaf with employers and managers of firms always prove useful in the future placement of deaf persons. During the year, the following number of visits in connection with placement were made by the Welfare Officers for the Deaf in Barnsley and West Riding area, and 9 deaf persons were successfully placed in employment during 1964.

	Barnsley Area		West Riding Area	
	Deaf	H.O.H.	Deaf	H.O.H.
Mr. T. James	—	—	6	—
Mrs. R. James	—	3	—	—
	—	—	—	—
	—	3	6	—
	—	—	—	—

Types of Employment of Deaf Persons

Males									
Skilled or Semi-Skilled					Unskilled				
Boilerman	....	....	....	1	Brewery worker	....	....	....	1
Boot and shoe repaires	....	....	....	4	Colliery surface worker	....	....	....	4
Bottle-core maker	....	....	....	1	Drivers mate	....	....	....	1
Bricklayers	....	....	....	3	Dustman	....	....	....	1
Gardener	....	....	....	1	Labourers (Building)	....	....	....	8
Joiner	....	....	....	2	Labourers (Chromework)	....	....	....	2
Joiners (apprentice)	....	....	....	1	Glassworks labourer	....	....	....	5
Motor Body builders	....	....	....	2	Labourers (General)	....	....	....	5
Painters	....	....	....	1	Labourers (Plasterers)	....	....	....	2
Painters (apprentice)	....	....	....	1	Labourers (Remploy)	....	....	....	2
Plasterers	....	....	....	2	Mill hand	....	....	....	1
Presser	....	....	....	1	Road sweeper	....	....	....	1
Upholsterer	....	....	....	1	Skin cleaner	....	....	....	1
Watchmaker	....	....	....	1					
Females									
Copy Typist	....	....	....	1	Bulb factory worker	....	....	....	1
Dressmaker	....	....	....	1	Dinner helper	....	....	....	1
Machinist	....	....	....	6	Glassworker	....	....	....	1
Pressers	....	....	....	2	Packer	....	....	....	1
Quiltmaking	....	....	....	1					
Seamstress	....	....	....	1					
Toy making	....	....	....	1					

Interviews, Domiciliary Visits and Interpretations

A monthly report is submitted to the Handicapped Persons Sub-Committee showing the numbers of domiciliary, placement and interpretation visits paid by the two Welfare Officers for the Deaf employed in the Department.

Assistance is requested by deaf and hard of hearing persons in connection with many matters and intepretation is provided on occasions such as the following: at doctors surgeries, at clinics and hospitals, at shops and schools, solicitors offices, government and local authority departments. The statistics for 1964 in relation to the number of interviews, domiciliary visits and interpretations are as follows ;

				Barnsley		West Riding	
				Deaf	H.O.H.	Deaf	H.O.H.
Mr. James							
Domiciliary	....	....	346	467	260	530
Interviews	....	....	3	4	8	—
Interpretations		....	56	—	35	8
Mrs. James							
Domiciliary	....	....	367	352	281	35
Interviews	....	....	3	2	8	247
Interpretations		....	65	—	102	2

Social Activities

Social activities for the deaf are centred at the Deaf Institute, St. Augustine's Hall, Dyson Street, Kingstone, Barnsley, and social evenings for all deaf persons are held on Saturday evenings. Games of table tennis, billiards, snooker, whist drives, darts and cinema shows and other entertainments are held. The Annual Party for the deaf and hard of hearing children was provided by the Corporation in the Town Hall on the 23rd December, 1964, as part of the party for all handicapped children. Following tea, to which parents of deaf and hard of hearing children were invited, toys were given to each child and afterwards party games were provided. The Annual Party for the adult deaf was held at St. Edward's Parish Hall on the 18th January, 1964, and the function was thoroughly enjoyed. On the occasion of the Annual Party, it was necessary to obtain more ample accommodation at St. Edward's Parish Hall, as the Deaf Institute is not able to provide catering facilities and accommodation for all the deaf who attend the party. The Annual outing from the Deaf Institute went to Cleethorpes during July, 1964. The Annual Party at the end of 1964 was brought forward on this occasion and held on the 19th December at St. Edward's Parish Hall, when the majority of the deaf together with members of the Handicapped Persons Sub-Committee, attended this enjoyable function.

Organised Holiday Scheme

The Organised Holiday Scheme for all handicapped persons including the deaf and hard of hearing, catered for parties at Blackpool and Southport during 1964, and the total number of deaf and hard of hearing persons who took part in the scheme was 25. As some deaf persons were not able to obtain leave from employment during the period of the Organised Holiday Scheme, a party of deaf persons were accompanied by the Welfare Officers for the Deaf for a fortnights holiday at Torquay from the 29th August to 12th September, 1964.

Identity Card for the Deaf

In the event of an emergency, such as a road accident, deaf persons are unable to communicate with ordinary members of the public and a need arises for the Welfare Officer for the Deaf to be contacted on such occasions. In order that these difficulties may be satisfactorily overcome, all deaf persons on the register of the Department, have been provided with a printed identity card which states that he or she is a registered deaf person, and that in case of accident or any other emergency, the Welfare Officer for the Deaf can be contacted by telephone and the telephone number is given. The

provision of this identity card is regarded by deaf persons as a guarantee that their interests will be safeguarded by the Department. During the year, a check was made among the deaf to ensure that an identity card was held by each one.

Wednesday Afternoon Club

The Afternoon Club which commenced on Wednesday afternoons for deaf persons only at the Deaf Institute, ceased during the year owing to lack of numbers attending.

Spiritual Welfare

The Welfare Officer for the Deaf assisted by the Welfare Assistant for the Deaf conducts religious services for interested deaf persons on a non-denominational basis, each Sunday at the Deaf Institute and once monthly, a Communion Service is provided by the Vicar of the Parish.

The Deaf Chapel in the Institute is part of the Wakefield Diocese for the Deaf and the Welfare Officers for the Deaf regularly undertake services for the Deaf at other Institutes in the Diocese. On the 22nd March, 1964, on Palm Sunday, a Diocesan Service was held at Wakefield Cathedral and a coach load of deaf persons from Barnsley attended.

On the 11th October, 1964, the Annual Harvest Festival was held at the Institute and the service was well attended by many of the deaf community and hearing friends, including members of the Barnsley Council, and on this occasion the service was conducted by the Rev. Corfmat of Canterbury.

On the 8th March, 1964, a Service for Mothering Sunday was held in the Deaf Chapel. Some of the female deaf have attended the Mothers Union at St. Edward's Parish Church, Kingstone and take part in the activities of this Organisation. The Annual Christmas Service was held in the Deaf Chapel on the 20th December, 1964.

It is normal for a Funeral Service to be held in the Deaf Chapel in respect of any deceased deaf person for whom this is requested. Fortunately no funeral service of this kind was held during 1964.

At the suggestion of the Vicar of St. Edward's Parish Church, an extension of the Chapel sanctuary platform was arranged during 1964.

Sports Activities

The deaf who regularly attend the Deaf Institute are members of the Yorkshire Deaf Amateur Sports Association and teams have played in snooker, billiards and darts competitions sponsored by the Association. In addition, members played in the Barnsley Indoor Games League at snooker, darts, whist, cribbage and dominoes, in the Barnsley Table Tennis League and in the Youth Service Five-a-side football competitions. They also attend group swimming sessions at the Barnsley Baths.

The deaf played cricket in the Barnsley Cricket League for the fourth consecutive season and a pitch was provided at Bank End, Worsbrough. The Corporation provided the necessary sports equipment and fees for those activities and also paid the rental for the pitch. Owing to difficulties in recruiting players to the cricket team, it has been decided not to enter a deaf cricket team in the Barnsley Cricket League for 1965.

The Yorkshire Deaf Amateur Sports Association Annual Sports were held on the 6th June, 1964, at Hull.

Hard of Hearing

Many hard of hearing persons continue to attend the Department for hearing aid repairs and requests are still being received for the supply of batteries, but hard of hearing persons are being referred to the official distribution centre at Beckett Hospital, Barnsley. During 1964, 341 hard of hearing persons were able to bring their hearing aids for repair to the Handicapped Services Department and aids were then transported to Sheffield and returned duly repaired by the Barnsley Ambulance Service. It has been possible to loan spare hearing aids to hard of hearing persons during the time when their own aids are away for repair. The co-operation of the Chief Fire and Ambulance Officer in making this excellent service possible for hard of hearing persons is much appreciated. The inconvenience and expense, particularly to elderly hard of hearing persons, who previously had to travel to Sheffield for repairs to their hearing aids or send them by post, has now been obviated to the intense satisfaction of hard of hearing persons. Batteries for Medresco hearing aids are obtainable at Beckett Hospital on Wednesdays and Saturdays. The extent of the hearing aid repair service is revealed by the fact that since the inception of the scheme in September, 1958, 2,902 aids have been transported to Sheffield.

The Barnsley and District Hard of Hearing Fellowship continues to hold regular weekly meetings at the Junior Training Centre, Pitt Street, Barnsley. Social activities include beetle drives, musical evenings, whist drives and the members of this Fellowship co-operate with the Department and enjoy their social activities. Special equipment in the way of a microphone and speaker together with additional speakers have been supplied and installed by the Corporation in the Junior Training Centre together with a cupboard for the storage of cutlery, crockery and games. The Grampian amplifier continues to give satisfactory service and amplifications at the centre is quite satisfactory for all purposes.

The Afternoon Centre for the elderly hard of hearing who do not go out at night, was inaugurated again at the Y.M.C.A. in Eldon Street, Barnsley. Transport was provided but the members who attended this centre on a Wednesday afternoon, continued to decline and the centre was terminated late in 1964. Alternative accommodation was offered to the Fellowship at the Deaf Institute, Kingstone, but the Committee of the Fellowship declined to use these premises. Requests are still being received from hard of hearing persons for the recommencement of the Wednesday afternoon centre and this matter is being considered by the Committee of the Council.

The Hoyland and District Hard of Hearing Fellowship continues to flourish and hold their weekly meetings in the Market Street School, Hoyland, each Friday evening. The number of hard of hearing persons in the Hoyland District who become members of the Fellowship, steadily increased and this Organisation appears to be on a sound basis. During the year the Fellowship held their Annual Outing and in September, held their Harvest Festival which was very successful. The Corporation pay the rental of the school premises used by this Fellowship as a Social Centre. Once per month, the Welfare Officer

for the Deaf attends the Centre to replenish stocks of batteries for issue to those hard of hearing persons who require this service. The Annual Party for this Fellowship was held on the 9th January, 1965, at the Market Street School. The party was attended by the Chairman of the Hoyland Nether Urban District Council and the Chairman of the Barnsley Health Committee.

An exchange visit was arranged during the year by the Hoyland Hard of Hearing Fellowship and the members of the Deaf Institute, Barnsley. This inter-change of visits is extremely useful in breaking down the attitude of segregation which exists among sections of the handicapped.

Lip reading classes continue to be held at both the Barnsley and the Hoyland Hard of Hearing Centres and great benefit is derived by members who attend. It is hoped to arrange for a qualified teacher in lip reading to attend a new Lip Reading class to be held at Hoyland.

North Regional Association for the Deaf

The North Regional Association for the Deaf covers all the Northern counties and County Boroughs and is responsible for the promotion of the welfare of the deaf, through the local authorities and voluntary missions for the deaf in the northern area. Two half-yearly meetings were held during the year and these meetings were extremely worthwhile and valuable as a point of contact with other persons in deaf welfare work.

Barnsley and District Deaf Children's Association

This Association has had tremendous difficulty in maintaining interest among the parents of deaf and hard of hearing children and attendances have steadily declined. It was realised by the officials of this Association that there was little point in carrying on during 1964, and the Annual General Meeting decided to dissolve the Association and transfer the balance of assets to an appropriate fund for the deaf and hard of hearing. This transfer was effected during the year and received the sanction of the Charity Commissioners.

Birthday Card Service

A birthday card bearing the Borough Coat of Arms is sent to all registered handicapped persons whatever their disability, with the exception of hard of hearing persons.

Special Activities

Mutual Co-operation and Assistance

Close liaison has been established with the other Local Authorities, particularly the City of Sheffield and Rotherham County Borough. In view of the fact that direct services for the deaf are provided by these Authorities in the same way as the Barnsley Corporation provide direct services for the County Borough and for the surrounding area of the West Riding County Council on an agency basis. During the sickness and annual holidays of Welfare Officers for the deaf, mutual assistance and co-operation has been obtained from these Authorities to provide interpretation services in cases of emergency, and this close liaison is an excellent example of local authority co-operation.

Cookery Class

For some years, a special cookery class for female deaf persons has been organised by the Corporation's Education Department under the further education service. These classes are held at the Racecommon Road School on one evening per week. The classes have been very well attended and the fees are met by the Department. The female Welfare Assistant for the Deaf attends to interpret as occasion demands. This cookery class for the female deaf has now become established as a regular feature of the welfare services provided through the Department.

CARE OF THE PHYSICALLY HANDICAPPED

The services provided for the physically handicapped which includes the mentally disordered and epileptic persons, form part of the services provided on a comprehensive basis by the Handicapped Services Department of the Corporation. The Medical Officer is Superintendent of these services and the Senior Welfare Officer is in charge of the day to day administration.

During the year one male and two female Craft Instructors carried out and supervised the handicraft activities at the Handicapped Persons' Centre, Westgate. Towards the end of the year, Mrs. P. Senior, Craft Instructor, resigned her appointment (20th September, 1964), and this vacancy has not yet been filled. On the 29th June, Miss J. A. Archer, Welfare Assistant, for the physically handicapped, commenced duties. This additional appointment completes the field workers' team for the services for the physically handicapped, which are centred at the Handicapped Persons' Centre at Westgate.

The specially adapted bus hired from the Yorkshire Traction Company continued to be used on three days per week for the transporting of physically handicapped persons between their own homes and the Westgate Handicapped Persons Centre.

Registration

At the end of 1964 there were 350 registered physically handicapped persons as compared with 352 at the end of 1963. This shows a decrease of two registrations. This decrease can be accounted for by the fact that certain handicapped persons have changed their addresses or left the district and have failed to notify the Department. Following the complete survey of all registered physically handicapped persons carried out during 1964, the present figures are completely up to date. Applications from disabled persons residing in the County Borough area for placement on the Corporation's register, are dealt with by the Senior Welfare Officer who pays an initial visit and completes the necessary case record and provides assistance and guidance to disabled persons to overcome their disabilities. No application for registration as a physically handicapped person has been refused by the Department. The registration of persons suffering from respiratory tuberculosis is not effected until a satisfactory certificate has been provided by the Chest Physician regarding the patient's condition.

The majority of all registered handicapped persons are house-bound or otherwise incapable of work and require a full range of welfare services, particularly pastime handicraft work and social centre facilities. 207 persons fall into this particular category and in their case, it is essential that regular domiciliary visits are maintained. Many of these persons require assistance with regard to National Assistance grants, clothing allowances, supply and maintenance of wheelchairs through the Ministry of Health, home nursing equipment, domestic help services, gadgets and structural adaptations and many other similar welfare services.

Included in the total number of handicapped persons on the register, are 42 disabled children under the age of 16 years. Registration of these children has been effected as part of the scheme and information regarding them has been supplied primarily through the Handicapped Pupils Section of the School Health Service. The Department has a general responsibility under Section 29 of the National Assistance Act 1948, for these children, but their needs are normally met through other enactments such as the Education Act 1944, and the children not in special schools are under parental care and supervision.

In accordance with Ministry of Health Circular 15/60, the Council's Scheme for the provision of welfare services given under Sections 29 and 30 of the National Assistance Act 1948, was amended to include mentally disordered persons of any description. Mentally disordered persons in increasing numbers enjoy the facilities available at the Corporation's Handicraft and Social Centre provided for the use of physically handicapped persons. Mentally disordered persons are referred to the Handicapped Services Department by the Mental Welfare Officers of the Health Department, and a firm liaison has been established in this direction.

The Ministry of Health in their circular 4/63 dated the 15th March 1963, in connection with the welfare of partially sighted persons, communicated that many partially sighted persons who were registered under Category C of the Partially Sighted Register, could more appropriately be dealt with as part of the General Classes for the physically handicapped.

Unless field workers are available in adequate numbers to provide domiciliary supervision of this type of handicapped person, it is difficult for local authorities to absorb these additional numbers in the General Classes of the Physically Handicapped. Some of these partially sighted persons have, however, been recommended to attend the Westgate Centre and avail themselves of the wider range of handicraft and social facilities available at that centre.

The numbers of persons on the register in the various categories are as follows:

	Medical Classifi- cation	Males	Females	Total
Amputation	A/E	31	5	36
Arthritis and Rheumatisms	F	16	31	47
Congenital malformations and deformities	G	21	16	37
Diseases of the digestive and genito urinary system, of the heart, circulation system, of the respi- ratory system (other than tuber- culosis) and of the skin	H/L	21	9	30
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk, injuries or diseases (other than tuberculosis) of the upper and lower limbs and spine	Q/T	32	8	40
Organic nervous diseases, epilepsy, disseminated sclerosis, poliomye- litis, hemiplegia, sciatica, etc.	V	71	58	129
Neurosis, psychoses and other nervous and mental disorders not included in V	U/W	12	9	21
Tuberculosis (respiratory)	X	2	1	3
Tuberculosis (non-respiratory)	Y	2	1	3
Diseases and injuries not specified above	Z	2	2	4
		<hr/> 210	<hr/> 140	<hr/> 350

Grouping of Persons on Register

Group	Males	Females	Total
Capable of work under ordinary industrial conditions	64	16	80
Incapable of work under ordinary industrial conditions and sufficiently mobile for work in sheltered workshops	*15	5	20
Incapable of work under ordinary conditions and insufficiently mobile for work in sheltered workshops but capable of work at home	—	1	1
Incapable of work or not available for work Child under the age of 16 years whose needs are likely to be met under the enactments but for whom the local authority have a general responsibility under Section 29 of the National Assistance Act 1948	102	105	207
	29	13	42
	<hr/> 210	<hr/> 140	<hr/> 350

*6 employed at Remploy and
2 in Corporation Workshops

Social Activities

The Handicapped Persons Centre, Westgate, continued to cater for increasing numbers of physically handicapped persons during the year. Several new cases were referred from the West Riding area and admitted to the Centre for both handicraft and social purposes. The Centre is open each weekday, Monday to Friday from 10 a.m. to 9 p.m., for use by any handicapped person. Monday and Friday evenings for social activities are specifically allocated to the epileptics and mentally disordered persons. On Wednesday evenings the Centre is allocated to the Barnsley and District Handicapped Persons' Sports Association for the promotion of indoor games and sports among the handicapped.

The Handicapped Persons' Sports Association continued to grow and is now on a sound financial basis. During the year this Association held its Annual Sports Day at Wortley Hall, Sheffield on the 11th July, and an excellent function it proved to be. In January 1965, this Association held its Annual Party at Wortley Hall, Sheffield and this function was thoroughly enjoyed by the members. As a result of a grant received from the King George VI Fund, archery equipment was purchased and a tutor in archery has given instruction to the members who are interested.

The Barnsley and District Epileptics Association provided social activities for their members during the year, including an Annual Outing and visits to other local epileptics associations. Return visits from these associations have also been made to the Westgate Centre. The Annual Dinner of this Association was held on the 21st December, 1964, at the Arcadian Restaurant.

The Barnsley and District Disabled Persons' Association continued to hold their meetings at the Corporation's Welfare Centre at Smithies. The Association pay the charges involved in the hire of the Yorkshire Traction Adapted bus. This Association held its Annual Dinner at the Arcadian Restaurant on the 27th January, 1964. During the year this Association provided day outings to Cleethorpes and Bridlington for its members.

During 1964, the specially adapted single-deck bus on hire from the Yorkshire Traction Company was utilised for the conveyance of physically handicapped persons from their homes to the Centre. A specially constructed ramp which folds and slides underneath the chassis, is available for the driver to wheel disabled persons in their chairs from their homes into the rear of the bus. At the end of 1964, transport was provided for 50 handicapped persons on three days per week and this service is continuing to expand.

The need for male voluntary assistance is particularly necessary now at the Westgate Centre to assist the male physically handicapped persons in their toilet needs. It is also very helpful to have male assistance available for the bus driver during inclement weather to assist in wheeling disabled persons in their wheelchairs up the ramp of the specially adapted vehicle. Regular weekly social activities now include domino tournaments, whist drives, darts tournaments, etc., and light refreshments in the form of tea is provided free of charge for all who attend the centre and voluntary help is provided by ladies who have been

approved for this purpose by the Committee. The St. John's Ambulance Brigade and members of the Women's Voluntary Service, together with the Red Cross, attend the Centre on Monday and Friday evenings to assist in the care of the epileptics who attend.

The Corporation provided an Annual Party for all disabled and epileptics who attend the Westgate Centre, at the Arcadian Restaurant, on the 13th January 1964, and this function was thoroughly enjoyed by all who attended. The Annual Outing provided by the Corporation for all handicapped persons who attend the Centre, was held on the 14th July 1964, and took the form of a coach trip into Derbyshire and tea was provided at Wortley Hall, near Sheffield. Excellent weather favoured the occasion and the outing was thoroughly enjoyed. The Annual Children's Party, for all handicapped children, was held in the Town Hall on the 23rd December 1964, and was attended by the Mayor and Mayoress and many members of the Handicapped Persons' Sub-Committee. Each handicapped child received a small toy from Father Christmas and party games were held after tea when minerals, crisps, apples and oranges were also provided.

The services of a female voluntary worker continued during 1964, in the preparation of a cooked tea on two afternoons per week for those handicapped persons who remained for the evening social activities. The charge for the tea was 2s. which merely covered the basic cost of the foodstuffs provided.

During the year adaptations took place in the entrance of the Westgate Centre and a combined office and television lounge were provided, which gave considerable enjoyment to handicapped persons who wished to see television.

There was an increasing demand during the year by the younger physically handicapped for separate social activities to be provided for them, apart from the older handicapped persons who attended the Centre. The Committee agreed to the formation of a physically handicapped youth club and the first meeting was held on the 8th December 1964, at the Corporation Centre, Dyson Street, Kingstone. The Youth Club appears to have become firmly established and is progressing satisfactorily.

Organised Holiday Scheme

The Organised Holiday Scheme for 1964, administered by the Handicapped Services Department, again catered for all categories of the handicapped and included many of the physically handicapped who attend the Westgate Centre. Officers of the Department escorted parties to the Solarium Hotel, Blackpool and the Creevymore Hotel, Southport, and a charge of £6 per handicapped person was made by the Corporation. This charge included board and lodging and transport costs. Any balance of costs over £6 were met by the Corporation in respect of handicapped persons, guides and helpers. Details of the various holiday parties for 1964 are as follows:

Creevymore Hotel, Southport—6th to 13th June—

19 handicapped persons and 1 staff

Creevymore Hotel, Southport—13th to 20th June—

32 handicapped persons and 1 staff

Solarium Hotel, Blackpool—6th to 13th June—

40 handicapped persons and 1 staff

Solarium Hotel, Blackpool—13th to 20th June—

42 handicapped persons and 1 staff

Solarium Hotel, Blackpool—20th to 27th June—

41 handicapped persons and 1 staff

Solarium Hotel, Blackpool—27th June to 4th July—

44 handicapped persons and 1 staff

Transport for Physically Handicapped Persons

With the availability of more ample accommodation at the Westgate Centre, the numbers of physically handicapped persons requiring transport increased. The specially adapted vehicle which is hired from the Yorkshire Traction Company on contract arrangements, again operated during 1964, but on three days per week. It is a pleasure to record appreciation to the Yorkshire Traction Company and the drivers concerned for their unfailing courtesy and personal assistance to the handicapped persons who utilise this service.

During the year, the Barnsley and District Disabled Persons Association continued to use this specially adapted vehicle on the authority of the Corporation on Monday evenings for their Social Centre at the Welfare Hall, Smithies.

Handicrafts

The number of registered physically handicapped persons who desire to receive craft instruction totals 159 and of these 78 require home instruction and 80 were receiving instruction at the handicraft classes. The Craft Instructors were fully occupied during the year in providing domiciliary tuition to the numbers involved and in attending the daily handicraft classes at the Westgate Centre. Handicraft classes are held at the Westgate Centre on each afternoon Monday to Friday from 2 to 5 p.m. for all categories of the handicapped, and attendances at the classes have increased during the year. The increase in the amount of work in this section can be gauged from the fact that the sum of £2,223 was spent during the year on the purchase of handicraft materials, equipment and tools.

The value of these classes in providing an outlet for the creative capacity of disabled persons can not be over emphasised and the articles which are now made cover an enormous range. Disabled persons normally dispose of articles which are initially made at the handicraft classes, to near relatives or friends, but subsequently the finished goods are passed to the Department for sale through the Sales Shop.

The preparatory work necessary by the Craft Instructors in preparing handicraft classes and the clerical work necessary in the issue of stocks, taking payments for materials issued and the issuing of receipts, make the handicraft classes busy sessions for the Craft Instructors. The maintenance of records of receipts and issue of material and the checking of receipt books is carried out by the Craft Instructors. Each week a claim sheet is prepared showing the value of handicraft articles which have been sold

during the past week and making a claim for the recovery of the amounts due to each handicapped person. The clerical work involved in the accounting of handicraft materials was simplified and so far has proved very successful. Personal account cards are now maintained in respect of each handicapped person who is supplied with handicraft materials and a record is maintained of subsequent payments by the handicapped person. A statement is issued to each person for whom a personal account card is maintained, at the end of each quarter showing the amount of money owed by the handicapped person to the Corporation for the supply of handicraft materials.

During 1964, the contract with the South Yorkshire District Co-operative Laundry for the supply of 12 gauge wire coat hangers continued and an average of 50 gross per week were supplied to this firm. Jigs for the making of coat hangers have been supplied by the Department for those male handicapped persons interested in carrying out this work and at the end of the year 7 handicapped persons including 5 blind, one epileptic and one partially sighted person, were engaged in this contract work. The amount paid per gross to each handicapped person was a welcome addition to their unemployment benefit and National Assistance supplementary payments, and special arrangements were made with the Ministry of Labour and the National Assistance Board for the maximum amount to be disregarded in assessing their statutory allowances.

A surplus flat knitting machine was transferred from the Workshop knitting department to the Westgate Centre, and is now utilised by several handicapped persons for the manufacture of dishcloths. Dishcloths, floorcloths and mops are now supplied from the Handicapped Persons Department to all Corporation Departments, under contract arrangements. The Council agreed that all goods supplied by the Workshops and the handicraft activities of the Department, should now be purchased by Corporation Departments instead of being supplied to outside contractors.

Towards the end of 1964 Mrs. P. Senior, Craft Instructor, resigned her appointment and the vacancy has so far not been filled. A statistical report on the work of the Craft Instructors is given below.

No. of visits made during the year							
Mr. McGraynor	....	....	....	....	....	....	767
Mrs. Senior	....	....	....	....	....	....	404
Mrs. McGraynor	....	....	....	....	....	....	523
No. of physically handicapped persons desirous							
of receiving craft instruction	....	....	....	....	....	....	159
No. of persons under home instruction	....	....	....	....	....	....	79
No. of persons under class instruction	....	....	....	....	....	....	80
Total payments made by disabled persons to							
the Craft Instructors for materials	....	....	....	....	....	....	£645 3s. 3d.

Birthday Card Service

The Health Committee's Scheme in relation to the issue of birthday greeting cards to each registered blind, partially sighted, physically handicapped and deaf person on the registers continued

during the year. The birthday card is specially designed and bears the Borough Coat of Arms and for the benefit of braille readers, the words "Birthday Wishes" are embossed in braille at the bottom of the card. Many letters of appreciation have been received from handicapped persons following the receipt of a birthday card and emphasises the welfare value of this small tangible token and the fact that every registered handicapped person on the registers of the Department has not been forgotten.

Employment of the Disabled

The Scheme places a duty upon the Council to assist any handicapped person in consultation with the Ministry of Labour to secure suitable employment in open industry. Close collaboration is essential with the Disablement Resettlement Officer of the Ministry of Labour and it is found that many disabled persons have allowed their registration under the provisions of the Disabled Persons (Employment) Act, 1944, to lapse. The difficulties of placing a severely disabled person in employment in open industry are great and 20 disabled persons are now assessed as suitable only for sheltered workshop employment. In some of these cases it is felt that the disabled person may have been unemployed for such a long time and his physical condition may have deteriorated so that he could not even undertake sheltered employment even if it were available. 8 disabled persons are already in employment at the Remploi Factory and in the Corporation's own workshops and are catered for from the employment angle. The remaining disabled persons concerned urgently require workshop facilities which are proposed for the handicapped persons centre and these workshops will fill a desperate need.

The new factory for the employment of all types of handicapped persons at the Broadway site neared completion at the end of 1964 and is expected to open early in 1965.

Marketing of Goods

The increasing output of articles made at the Handicraft classes by physically handicapped persons, makes it an essential feature of the Corporation's Scheme that suitable marketing facilities be available for the disposal of handicraft goods. To this end, the Corporation has provided a small Sales Shop in an excellent position in the centre of the shopping area, and this shop continued to be open on a full-time basis during 1964. During 1964 the total amount of handicraft articles made by physically handicapped persons and sold through the Sales Shop was £795 3s. 6d.

Issue of Car Badges

In accordance with Ministry of Health Circular 17/61, the Health Committee agreed to the Scheme for the provision of car badges for severely disabled persons who came within the priorities listed in the circular. During the year 4 pairs of car badges were issued to those disabled persons who applied for the provision of such a badge. The Health Committee decided to extend the period of the car badges to three years and the bulk of those now issued will therefore expire on the 31st December, 1965.

Adaptations

Under Article 5/5 of the Scheme for the provision of Welfare services for physically handicapped persons, the Corporation may assist handicapped persons in arranging for the carrying out of any works of adaptations in their homes or the provision of an additional facility designed to secure the greater comfort or convenience of such persons and if the Council so determine, defray an expenses incurred in the carrying out of any such works or in the provision of such facilities. During the year, the Health Committee gave authority for adaptations to be carried out as listed below.

Levelling of step at rear door and provision of collapsible rubberised weatherboard.

Provision of handrail at rear door.

Removing bathroom and toilet doors and cutting back partition between and providing 1 single wide door to give easy access into bathroom and toilet.

Providing wooden lavatory seat.

Levelling end of driveway to correspond with pavement level.

Providing and fitting handrails at front door.

Provision of gates at end of concrete drive.

Re-connecting of charging point from wooden garage to home for electric wheelchair.

Handrails at side of concrete ramp.

Handrail up staircase.

Provision of handrails up staircase.

Handrails in bathroom.

Voluntary Associations

Many Voluntary Associations exist in Barnsley for particular categories of the handicapped. The Barnsley and District Disabled Persons Association caters for categories of handicapped persons residing in Barnsley and the surrounding West Riding County Council areas. This Association holds a social centre at the Welfare Hall, Smithies, weekly on Monday evenings and the centre is well attended. The British Limbless Ex-Service Men's Association caters for the needs of limbless ex-service men of two world wars and does a great deal of voluntary work to assist this category of the disabled. The Barnsley Branch of the National Spastics Society has been organised to meet the needs of spastics in Barnsley and District. During the year the Health Committee discussed the request of this Association to take over their existing nursery premises in Rotherham Road, and at the end of the year negotiations were in progress to enable them to vest in the Corporation.

The Barnsley and District Epileptics Association is another voluntary body of recent origin which provided outings and assistance to epileptics in Barnsley and district. This Association amended its Constitution so as to include mentally disordered persons of any description and the benefits of membership of the Association are now available to a vastly increased number of epileptic and mentally disordered persons. Membership of the Association is not, however, as complete as the Association would wish as many handicapped persons eligible for membership are reluctant to join this Association.

The Handicapped Persons Sports Association is specifically intended to cater for handicapped persons who are interested in promoting games and sporting activities both indoor and outdoor. The physically handicapped already enter teams in the Barnsley Works Indoor Games League and during the winter months, regularly engage in indoor games such as snooker, billiards, whist, dominoes and darts with other teams in the league. This Association has its origin in these sporting activities and, during 1964, it has become firmly established.

The facilities of the Department are always placed at the disposal of these voluntary associations with regard to duplicating and typing and many of the Officers of these voluntary associations avail themselves of this opportunity.

Liaison with other Authorities

The problems confronting the physically handicapped persons in ordinary day to day living are many and varied and differing welfare services are required. Close liaison with many organisations is essential. Appropriate problems of need are referred for investigation to the National Assistance Board and in certain cases, suitable assistance can be provided through particular voluntary associations which cater for the needs of that particular category of the handicapped. The help and co-operation which has been received from the Officers of the two areas of the National Assistance Board in Barnsley, in dealing with cases referred to that Department, is gratefully acknowledged. In a district where coal mining is a staple industry, many severely disabled persons are registered with the Department as a result of industrial injuries in coal mines. The needs of paraplegic ex-miners and other severely disabled miners are the particular concern of the Coal Industry Social Welfare Organisation who provide for paraplegic cases, a fortnight's holiday for the disabled person and his family, a free television set and also the provision of a free supply of petrol for those using a motor propelled wheelchair. Close liaison is maintained with this Organisation through the Medico-Social Workers who have their headquarters at Pontefract.

During the year, applications were made to the Wireless for the Bedridden Society for provision of wireless sets for housebound disabled persons. At the end of 1964, there were 11 sets provided by this Organisation for Barnsley disabled persons.

The supply of invalid motor chairs, electrically propelled chairs, folding and transit chairs are dealt with by the Appliance Officer of the Ministry of Health, Handsworth, Sheffield. Liaison is maintained with the Manager and appreciation is expressed for the help and assistance given at all times in dealing with the cases referred to him.

The special needs of the war disabled require additional supervision and it is pleasing to note that three war pensioners in Barnsley enjoy the use of motor cars from the Ministry of Pensions. The availability of a car so that the war disabled pensioner can take his wife and family out with him, is a tremendous step forward in providing welfare of the highest possible level and the disabled persons concerned are very appreciative of this improved welfare service provided by the Ministry.

Close liaison is maintained with the other welfare services provided by the Department, particularly domestic help and home nursing services. The provision of bath seats on loan to many handicapped persons is a worthwhile feature of the loans service provided by the Home Nursing Service of the Corporation.

Close co-operation is also maintained with the Officers of the local office of the Ministry of Labour in connection with the registration of physically handicapped persons under the provisions of the Disabled Persons (Employment) Act 1944. In this connection many disabled persons have been interviewed by the Panel of the Disablement Advisory Committee in connection with their registration under this Act and the Senior Welfare Officer has accompanied disabled persons to speak on their behalf.

Sale of Work

A Sale of Work made by the handicapped was held at the Westgate Centre for two days in May 1964. Although the total sales realised £68 3s. 6d. the Sale could hardly be considered satisfactory in view of the amount of time and effort spent by the staff in organising this Sale of Work.

WORKSHOPS FOR SEVERELY DISABLED PERSONS

No change took place during the year in the accommodation provided for the present Workshops. The building being erected on the site at Broadway continued to grow and should be ready for occupation early in 1965.

During the year, one new employee was engaged in the Radio and Television section of the Workshops, and a female Improver-Journeyman in round machine knitting, commenced duties but, owing to lack of progress, her employment was terminated on the 25th September, 1964.

Administration

During 1964 the present Workshop remained under the supervision of the Medical Officer of Health, as Superintendent of the Welfare Services for the Handicapped, but with the appointment, in December 1964, of the Sheltered Workshops Manager, control of the Workshops will pass to this Officer in 1965. Apart from the Workshop employees, the Supervisory Staff consists of a female Section Supervisor who deals with the clerical and stock records for the Knitting, Basket and Radio and Television Department. No West Riding employees are at present in the Barnsley Workshops.

Knitting Department

At the end of the year the number of employees in the Knitting Department was comprised of four round machine knitters. The contract for socks and stockings for Corporation Departments, was again awarded to the Knitting Department and this regular contract work provides a sound nucleus of work for this section. A female trainee in round machine knitting, who has been under training at the Yorkshire School for the Blind,

York, was admitted to the Workshops as an Improver Journeyman on the 1st April, 1964. Unfortunately no progress was made by this trainee in this trade and she could not possibly reach the recommended minimum earnings rate. The Committee reluctantly decided to terminate her employment on the 25th September, 1964.

The Knitting Department produces knitted hosiery including socks, stockings and football stockings. These products are now well known to the public of Barnsley and District.

Flat machine knitted goods have been purchased from other Blind Workshops and placed in the Sales Shop for sale to members of the public.

One of the female round machine knitters is also trained in chair caning and when such work is available, she is fully employed on this type of work. Details of the sales of the Knitting Department are given under the full Workshops sales statement which is at the end of this section of the report.

Basket Department

One male blind basket maker continued in employment in 1964 and excellent quality goods have been manufactured and disposed of at wholesale prices to retail shops. In addition, basket work is on display in the Corporation Sales Shop and some sales are effected in this way. Regular contract work with local hospitals in the manufacture and repair of laundry hampers was continued. The earnings of the basket maker are augmented by an Incentive Bonus Scheme, and this has resulted in this employee receiving high wages during the year. The spraying of the baskets in varnish has continued through the services of the Department's Handyman, and the blind worker has not been called upon to do any of this work.

Radio and T.V. Department

On the 16th March 1964, an additional Radio and T.V. repairer commenced duties in this Department. It was therefore felt that an advertisement regarding this section of the Workshops, in the Barnsley Chronicle would help to secure additional repair work. The amount of work in this section has steadily built up during the year and the two workers are kept extremely busy on both Barnsley and District Joint Blind Welfare Committee work and private repairs. Both workers in this section of the Workshops benefit from an Incentive Bonus Scheme, which ensures that without any supervision the workers are as productive as possible in their own financial interest.

During the year, the present accommodation utilised by this section, was further extended to provide an additional bench, and the accommodation provided is now fairly satisfactory.

The Mini-Van used in the Department is used for approximately one third of its time in the collection and delivery of radio and television sets.

Sale and Distribution of Goods

The Handicapped Services Sales Shop in Kendray Street is open six days per week and a disabled Shop Assistant is employed in a full-time capacity. The Sales Shop provides for the display and sale of goods produced in Barnsley and other Workshops, together with the pastime handicraft articles produced by blind and other handicapped persons in the Handicraft Centre. Although some sales are still carried on at the Handicapped Services Department, customers are directed, as far as possible, to the Sales Shop. Details of the sales in 1964 of Barnsley Workshop goods are set out below.

Barnsley Workshops

	Credit			Cash		
Woolen Goods	£165	7s.	9d.	£669	18s.	1d.
Baskets	£530	5s.	11d.	£207	10s.	0d.
Chairs	£4	5s.	0d.	£42	16s.	5d.
Radio and T.V. repairs	£207	8s.	9d.	£525	9s.	9d.
	<hr/>			<hr/>		
	£907	7s.	5d.	£1,445	14s.	3d.
	<hr/>			<hr/>		

PART VI

ENVIRONMENTAL HYGIENE

To-morrow a stranger will say with masterly good sense precisely what we have thought and felt all the time, and we shall be forced to take with shame our own opinion from another.

Essays ii, Self-Reliance
Ralph Waldo Emerson, 1803-1882.

The local authority continues year after year to play its part in improving the environment in which people live. Each year this report contains a list of aged and unhealthy dwelling-houses which are demolished. Each year figures are quoted for the completion and occupancy of new houses designed with the maintenance of health in view. All houses in the County Borough have a direct connection to a water supply which is analysed, filtered and treated to remove from it any possible hazard to health. The waste products of the human body and those consequent on the many aspects of twentieth century civilisation are removed by the sewage and public cleansing schemes to places where they can be destroyed or rendered harmless.

The effects of all this effort are recorded in the preceding pages of this report. There is no doubt at all that the vital statistics which are now so much taken for granted, represent a solid achievement, a very great part of which is directly attributable to that which has been done by local authorities and their officers in the field of environmental hygiene. Indeed in the constant struggle with vital statistics, it is all too easy to overlook the part already played and still to be played by environmental hygiene in the battle for further improvement by better personal and social services for the individual. It is hoped therefore that the figures recorded in the pages which follow will demonstrate that on the part of the council and its officers, the value of environmental hygiene is fully understood and appreciated.

It is, however, by no means clear that the members of the community share this appreciation and understanding. It is necessary to go no further than the nearest public convenience to see the disregard with which a section of humanity holds that most basic essential of environmental hygiene, the latrine. Conversations with those who are employed as attendants at the larger necessaria would indicate that despite present-day standards of education, many domestic animals are more fastidious in the exercise of their excretory functions than some of the patrons of these establishments, who by reason of their physical appearance must be accorded human status. In this case reference is being made to so called ordinary use and not to deliberate vandalism and destruction.

Repeated and emphatic references have been made in previous reports and are made again in the pages which follow to the disregard in which food hygiene is held by the community until some illness arises from this disregard. When an incident of this kind occurs, miracles are immediately demanded of the local authority despite the fact that by a little aggressiveness towards careless food handlers, the ordinary shopper could have done much to prevent food borne infection. It would therefore seem to be unnecessary here to develop this aspect of environmental improvidence. There are, however, others which call

for attention—the “litter lout” and the individual who appears to make a hobby of depositing rubbish and waste matter in those places where they are most likely to attract flies, rats, mice and other vermin. There is also the individual who, unable to retain in his stomach an overload of fish and chips and probably also beer, deposits a great splash of vomit in the middle of the footpath for others to tread in and for vermin to consume second hand. Again, there are those who misuse milk bottles and other returnable food containers. Sneezing and coughing over the food ultimately to be eaten by others is a commonplace pastime indulged in by many frequenters of premises where food is sold.

Future improvement of environmental hygiene depends to some extent upon arousing amongst the community a consciousness that these offences are “just not done”. By and large, almost every individual would, if asked, agree that all these practices are undesirable and indefensible. Almost everyone would also agree that this is well understood and known to each individual personally. It is therefore clear that this is not a question of health education. The public is already in possession of the knowledge. It would seem rather to be a question of health discipline. Furthermore, self discipline would seem, like education, to have failed. This being so then, presumably thought will have to be given to some other means of imposing this discipline (unless it is accepted that further improvement in environmental hygiene is to be abandoned). However, in the meantime, the local authority can only continue to promote environmental hygiene in the time honoured manner in the pious hope of self absoluton in the event of an epidemic disaster.

There remains therefore only to show the way this has been done in Barnsley during 1964.

PROVISION OF NEW HOUSES AND STREETS

(1) Number of houses built since re-buliding commenced at the end of the war :—

(a) Privately owned	....	....	....	....	....	....	....	....	1,376
(b) Council	....	....	....	....	....	....	....	....	5,487

(2) Number of houses built during 1964 :—

(a) Privately owned	....	....	....	....	....	....	....	....	339
(b) Council	....	....	....	....	....	....	....	....	139

No private streets have been made up during 1964.

The following streets have been officially declared highways repairable at public expense :—

Queen's Gardens
 Back Grove Street
 Devonshire Drive (part)
 Melvinia Crescent (part)
 Dearnley View
 Wombwell Lane (service road).

WATER SUPPLY

The following information is supplied in accordance with the requirements of Ministry of Health Circular letter No. 1/65.

(i) Throughout the year the supply was satisfactory both in quality and quantity.

- (ii) Examination of both raw and treated waters was maintained in the Department's Laboratory with periodic control examinations by the City Analyst.

Results obtained were :—

Source	No. of Samples	No. of Samples with Presumptive Coli Counts	Highest Presumptive Coli Count per ml.
Raw Water			
Midhope Reservoir	43	8	18+
Ingbirchworth Reservoir	43	30	18+
Royd Moor Reservoir	43	28	18+
Treated Water			
Laboratory	174	—	—
City Analyst	57	1	18+

Chemical analyses of all supplies were carried out quarterly and the results were satisfactory.

The fluoride content of the water varied between 0.08 and 0.13 parts per million.

(iii) **Plumbo Solvency**

No trace of lead was found in any of the samples examined. All the reservoir waters are treated with lime to remove the possibility of plumbo-solvent action.

(iv) **Control of Contamination**

All the reservoir waters are filtered and all supplies are chlorinated.

(v) All the houses in the County Borough have a direct supply. During 1964 rainfall was record as follows :—

Jordan Hill, Barnsley	24.15 inches
Midhope Reservoir	38.48 inches

SEWAGE DISPOSAL WORKS

Effluents from Works at Carlton and Lundwood have been at least satisfactory throughout 1964.

FOOD AND FOOD POISONING

The need for a greater consciousness of their duty to the community continued to be demonstrated by many of those who sell and handle food in Barnsley. That this need is so obvious is in no small measure due to the lack of moral courage on the part of most customers of food shops in the town. Despite the fact that an outbreak of food borne typhoid fever in another area attracted a wide measure of publicity, little is done by the food purchaser in Barnsley to protect his own health by refusing to buy improperly handled food.

During the year a considerable amount of time was spent in observing the habits of vendors and purchasers of food, both in shops and in the town's open market. The results of the obseravtions were most illuminating and would indeed merit a monograph devoted entirely to them. Suffice it to say that it could without difficulty be shown that lacking the constant presence of a public health inspector, certain points of the Food Hygiene Regulations are honoured at least as much in the breach as in the observance. A survey was

carried out on the observance of these regulations in the open market and the findings were reported to the Sanitary Committee. Action was taken, as a result of which some improvement was effected.

Subsequent observations suggest, however, that the maintenance of this improvement must necessarily involve the continuance of vigilance of a high degree on the part of those concerned with the enforcement of the regulations. This situation is not without its disturbing features and in view of this it continues to receive close attention. Should it be deemed necessary, a further survey of food handling conditions in both food shops and market stalls will be carried out and it may be that the detailed results of this will form a most interesting appendix to a future report on the Health of Barnsley.

Reference has already been made to the fact that one outbreak of food poisoning occurred during the year. The circumstances were as follows:

In accordance with the department's usual practice, cases of abdominal upset are investigated at the request of general practitioners. Towards the middle of August, investigation of four such cases resulted in the isolation of a strain of *Salmonella typhi murium*—one of the commoner varieties of food poisoning bacteria. No immediate connection could be demonstrated between these four cases but it was felt that it was unlikely that four sporadic infections should occur at the same time. Further enquiries indicated that other members of the households concerned had some week or ten days before suffered from mild diarrhoea, abdominal discomfort and lassitude. It also became clear that many other families had been similarly affected. The medical profession was advised of the need for investigation of such cases, particularly where members of the family might be involved in the food trade.

As a result of this, several more isolations of *S. typhi murium* were made. The histories of all these cases were very carefully examined and there seemed little doubt that some food containing the infection had been fairly widely consumed during the first weekend in August and that an undetermined number of very mild cases of food poisoning had occurred. The weight of evidence pointed toward a meat product, probably pork, but there was nothing to suggest that any single butcher's shop or chain of shops was implicated. Information was available to the effect that outbreaks of similar infection had recently occurred in other not far distant areas which had been traced to pork products. It was known that products processed on the same premises as those to which infection had been traced were distributed in Barnsley and a great deal of time and effort was expended in attempting to ascertain whether there was any connection, direct or indirect (e.g. through a carrier) with these other outbreaks. When it was found that the organism isolated from all the Barnsley cases belonged to phage type 17, it immediately became clear that there was no connection with any of the other known outbreaks.

Attention was finally focused on the Barnsley abattoir and though it seemed unlikely that any conclusive finding would result from an incident which must have taken place three to four weeks previously, a series of swabs for bacteriological examination were taken from various drains at the abattoir. *S. typhi murium*, phage type 17, was isolated from the drain of the pig slaughter hall. Arrangements

were made for the thorough cleansing of this part of the building and after ten days no further isolations were made from the drains. Efforts were made to ascertain how the infection reached the abattoir but the most careful investigation failed to reveal any suggestion whatsoever that pigs suffering from any clinical illness had passed through the hall or the lairage. The conclusion reached was that the infection must have arisen from either a pig or pigs suffering from a sub-clinical or carrier condition.

In all a total of 54 cases of *Salmonella typhi* murium infection, all belonging to phage type 17, were confirmed.

From the investigation involved in this outbreak, certain points have emerged which are perhaps worthy of record. In the first place it is extremely difficult to obtain a reliable and truthful history of the food individuals have consumed even when the investigator is fully experienced in this work and is a student of human nature. The reasons for this are many and diverse. Remarkably few people can remember in detail what they have eaten 72 hours ago, let alone in the past 10 or twelve days.

For social prestige reasons, because they may be in debt or because they are engaged in some arrangement which they feel to be somehow discreditable, a surprisingly large number of housewives deliberately lie as to the sources from which they purchase their food stuffs. Then there is the practice so prevalent in butchers' shops in Barnsley of placing for display purposes in shop windows, cooked meat and bakery products closely adjacent to, if not in contact with raw meat. This was almost certainly the most important factor in the spread of the infection in this outbreak. It was not, of course, possible to demonstrate this bacteriologically but when the evidence was sifted, a very high proportion of cases occurred in the customers of butchers who employ this method of display in their shop windows.

At least one half of the confirmed cases were almost certainly second or third generation cases and arose from faulty food hygiene in the home. In these circumstances the fact that the outbreak was contained as it was is largely due to the co-operation of the general practitioners who ensured that any possible suspect amongst their patients who was a food handler was investigated without delay. In such cases as these where food handlers were involved, the powers conferred by S.41/42 of the Public Health Act, 1961 were invoked.

The occurrence of this outbreak and its presumed method of spread emphasises and illustrates the need for more rigorous measures both on the part of the public and the local authority to enforce a reasonable standard of food hygiene upon the food traders of the town.

Finally, tribute must be paid to the Public Health Laboratory Service for the excellent bacteriological facilities provided through the Wakefield Laboratory. Without such a service, investigations of the kind described here would be quite impossible. This incident illustrates the value of having immediately available the resources of the National Reference Laboratory and such recent advances as "phage typing". No doubt, continuing research will provide the laboratory service with techniques which will reduce the time now required to ascertain phage type. When this is achieved, the effort expended by field workers in following up alternative suspected sources of infection will be still further reduced.

INSPECTION OF THE AREA

In accordance with the Public Health Officers' Regulations, 1959, Article 25(20) (S.R. & O. 1959, No. 962), the following tables and information have been submitted by the Chief Public Health Inspector.

TABLE I INSPECTION WORK

Total number of Inspections made	8322
Total number of Re-inspections made	3939
Total number of Defects found	1390
Total number of Defects remedied	1663
Total number of Informal Notices Served	474
Total number of Formal Notices Served	376
Total number of Informal Notices Complied with	429
Total number of Formal Notices Complied with	353

TABLE II SUMMARY OF INSPECTIONS MADE

DWELLINGHOUSES:

No. Inspected	Inspections	Re-inspections
Re : Filthy Conditions	4	6
Re : Verminous Conditions	101	20
Re : Other Conditions	2152	3533
Houses-in-Multiple Occupation	36	90
Common Lodging Houses	3	—
Tents, Vans and Sheds	386	126
No. of Drains Tested	62	26
Inspection of		
Dairy	24	—
Ice Cream Premises	213	—
Slaughterhouse	171	1
Knackers Yard	6	—
Food Preparing Premises	527	—
Offices, Shops Premises, etc.	16	—
Markets	305	—
Food Shops	1565	—
Animal Boarding Establishments	5	—
Factories with Power	142	14
Factories without Power	7	1
Bakehouses	51	—
Hawkers Premises	150	—
Hairdressers Premises	26	—
Cinemas and Theatres	12	2
Premises re Rats	44	13
Offensive Trades	17	—
Smoke Observations	170	—
Smoke, Visits to Plant	140	2
Smoke Control Area Visits	1191	70
Other Premises—		
Visits and Interviews	438	54
TOTAL NUMBER OF DEFECTS FOUND	1363	27
TOTAL NUMBER OF HOUSES AFFECTED	1211	20
TOTAL NUMBER OF OTHER PREMISES AFFECTED	39	—

TABLE III

SUMMARY OF NUISANCES ABATED AND IMPROVEMENTS EFFECTED

Dwellinghouses:

Internal:

Floors repaired or renewed	....	....	....	....	....	....	....	18
Walls repaired or renewed	....	....	....	....	....	....	....	52
Ceilings repaired or renewed	....	....	....	....	....	....	....	24
Fireplaces repaired or renewed	....	....	....	....	....	....	....	30
Flues repaired or renewed	....	....	....	....	....	....	....	5
Windows repaired or renewed	....	....	....	....	....	....	....	31
Doors repaired or renewed	....	....	....	....	....	....	....	18
Staircase repaired or renewed	....	....	....	....	....	....	....	1
Sinks repaired or renewed	....	....	....	....	....	....	....	6
Waste Pipes repaired or renewed	....	....	....	....	....	....	....	20
Baths reglazed	....	....	....	....	....	....	....	5
Foodstores provided or improved	....	....	....	....	....	....	....	1
Coal Stores provided or improved	....	....	....	....	....	....	....	3
Damp Conditions abated	....	....	....	....	....	....	....	38

External:

Roofs repaired	....	....	....	....	....	....	....	....	40
Eaves-spouts repaired or provided	....	....	....	....	....	....	....	....	49
Eaves-spouts cleansed	....	....	....	....	....	....	....	....	8
Down-spouts repaired or provided	....	....	....	....	....	....	....	....	13
Down-spouts cleansed	....	....	....	....	....	....	....	....	2
Walls repaired or repointed	....	....	....	....	....	....	....	....	38
Chimney stacks repaired or repointed	....	....	....	....	....	....	....	....	2
Doors repaired or renewed	....	....	....	....	....	....	....	....	6
Steps repaired or renewed	....	....	....	....	....	....	....	....	5
Yard paved	1
Yard paving repaired	12

Common Lodging Houses:

Limewashed	2
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Drains:

Cleansed	115
Repaired	55
New provided	4
Self-cleansing gullies provided	3

Inspection Chambers:

Built	....	....	....	....	....	....	....	....	....	10
Repaired or improved	....	....	....	....	....	....	....	....	....	4

Water Closets:

Provided for houses additional	....	....	....	....	....	....	....	....	....	22
Provided in substitution of waste water closets	.....	....	....	....	....	....	....	....	....	53
Structure repaired or improved	....	....	....	....	....	....	....	....	....	17
Fittings repaired or improved	....	....	....	....	....	....	....	....	....	55

Waste Water Closets:

Abolished	17
Converted to water closets	53

Ashpits:

Abolished (wet)	1
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Ashbins:

Renewed for houses	467
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Renewed for other premises	1
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Shelters repaired	1
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Midden Privies

Abolished	4
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Bakehouses:

Cleansed or limewashed	18
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Discontinued	1
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Hairdressing Premises:

Premises cleansed	86
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Dairies:

Cleansed or limewashed	4
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Ice-Cream Premises:

Cleansed or limewashed	212
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Discontinued	1
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Slaughterhouses and Knackers Yard:

Cleansed and limewashed	3
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Offensive Trades:

Premises cleansed and limewashed	8
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Premises improved	1
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Food Preparing Premises:

Cleansed and limewashed	18
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Premises improved	6
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Discontinued	11
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Offensive Accumulations:

Removed	7
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Houses in Multiple Occupation:

Sink provided	2
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Cookers provided	2
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Ventilated Food Cupboard provided	4
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Factories:

Intervening ventilated space provided	3
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Catering Premises:

Discontinued	1
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Food Shops:

Improved	12
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Discontinued	1
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Other Premises:

Nuisances abated	2
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Total Defects Remedied	1663
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Total Houses Affected	1170
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Total Other Premises Affected	347
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TABLE IIIa

HOUSING INSPECTIONS

						Inspections	Re-Inspections				
Individual Houses											
Number inspected and recorded						19	—		
Clearance Areas											
Number of houses inspected and recorded								68	2		
Overcrowding											
Number of houses inspected						21	—	
Improvement Grants						249	4
Certificates of Disrepair						1	1

Common Lodging Houses

The registration of the Keeper and Deputy Keeper of the Common Lodging House at 26 Doncaster Road, was renewed for the year 1964.

The necessary standard of cleanliness and conduct of the premises has been maintained throughout the year.

Caravan Sites

As there are no licensed sites in Barnsley the 512 inspections of caravans represents the visits made to unauthorised vans parking on waste ground, it does not however indicate the time spent in argument with the occupiers of the vans in endeavouring to get them to move. This problem was referred to in last year's Report and appears to be no nearer a solution.

TABLE IV

FACTORIES ACT 1961

1. Inspections for purposes of provisions as to health

PREMISES	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	18	8	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	233	207	6	—
3. Other premises in which Section 7 is enforced by the Local Authority(excluding out-workers premises)	—	—	—	—
Total ...	251	215	6	—

2. Cases in which defects were found

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M.I.	by H.M.I.	
Want of cleanliness (S.1)					
Overcrowding (S.2)					
Unreasonable Temperature (S.3)					
Inadequate Ventilation (S.4)					
Ineffective drainage of floors (S.6)					
Sanitary Conveniences (S.7)					
(a) Insufficient					
(b) Unsuitable or defective	5	3			
(c) Not separate for sexes					
Other offences against the Act (not including offences relating to outwork)					
Total	5	3			

Cinemas and Theatres

Inspections of the two cinemas and places where stage plays are presented, did not reveal any cause for complaint.

Offensive Trades

The consents to the continuance of the trades of Tripe Boiling, Fellmongering and Bone Boiling and Fat Extracting, were renewed in respect of three tripe boilers and one each of the other trades. In no case was any complaint received regarding the operation of these businesses.

Knackers Yard

The premises in Twibell Street were again re-licensed and as a new company took over the business, proposals were in hand at the end of the year for the carrying out of improvements, and in fact by the end of the year the use of the old Cornish Boiler had been discontinued and a new vertical coal fired boiler with automatic stoking had been installed as a 'stand by', with an oil fired horizontal boiler as the principal steam producer.

Smoke Abatement

It is disappointing to have to record that no further progress was made in the establishment of smoke control areas during 1964. The proposed No. 4 Area consisting mainly of Council owned houses, was deferred for a year owing to the feeling of uncertainty regarding the availability of fuel and the increased expenditure by the Council which it was anticipated would be necessary in view of the recommendations of the Ministry of Power in the command paper "Domestic Fuel Supplies and the Clean Air Policy". In view of this deferment it was decided to discontinue inspections, of which more than a thousand had already been made in connection with the proposed No. 5 Smoke Control Area. Unless much quicker progress is made in setting up smoke control areas, the Council's programme to make Barnsley completely smokeless by 1981 will not be fulfilled.

It is, however, pleasing to record that industrial concerns are taking a bigger interest in the reduction of the amount of smoke emitted from boiler house chimneys, and whilst old plant can not be got rid of and new plant installed overnight, nevertheless progress is being made.

13 notifications of intention to install a furnace were received and in 7 instances application was made for 'prior approval', all of which were granted. These approvals were in respect of:

Jas. Smith & Sons, 14 New Street, Barnsley.

Slazengers Ltd., Pindar Oaks Works, Barnsley.

Longcar Inn, Racecommon Road, Barnsley.

Barnsley British Co-operative Society Ltd., Sports Club, Grove Street, Barnsley.

Carlton Main Colliery, Carlton, Barnsley.

Wordsworth (Barnsley) Ltd., Twibell Street, Barnsley.

Y.M.C.A. Building, Pitt Street, Barnsley.

The work of the Barnsley and District Clean Air Committee was, of necessity, curtailed during 1964, only two meetings being held, both in Barnsley.

The subjects discussed were the Government's White Paper "Domestic Fuel Supplies and the Clean Air Policy" the discussion being opened by Mr. J. Finney, Chief Public Health Inspector, Wombwell Urban District Council, and a discussion introduced by Messrs. D. V. Hancock and G. Davies of the East Midlands Gas Board, on the Board's policy with respect to the provision of coke for domestic use.

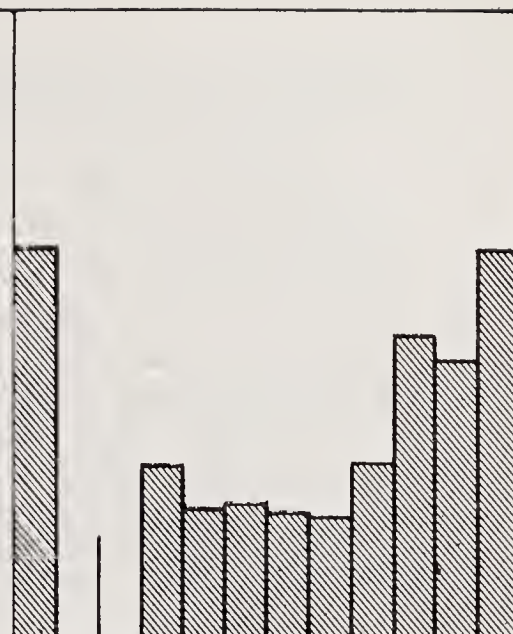
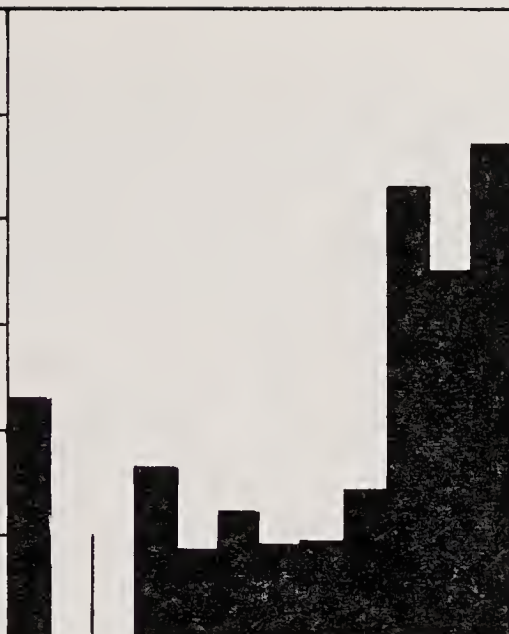
ESTIMATION OF S.O.₂ BY LEAD DIOXIDE METHOD

Station	Average Daily Figures in Milligrams per 100 sq. centimetre					
Kendray Hospital	2.45
Abattoir	2.33
Girls High School	1.84
147 Lindhurst Road, Athersley				1.84
Carlton Green	1.63

The following graph shows the amount of smoke and sulphur dioxide recorded at the Athersley, Stairfoot, Beckett Hospital, and Monk Bretton recording stations during 1964, with the exception of the months of February and March for which figures are not available. This is due to an alteration in the method of calculating the amounts, which has been introduced at the Warren Spring Laboratory and the calculations for the two months concerned have not yet been made.

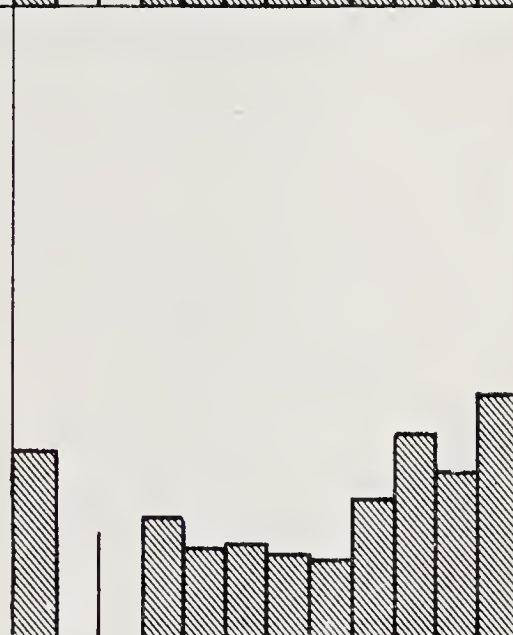
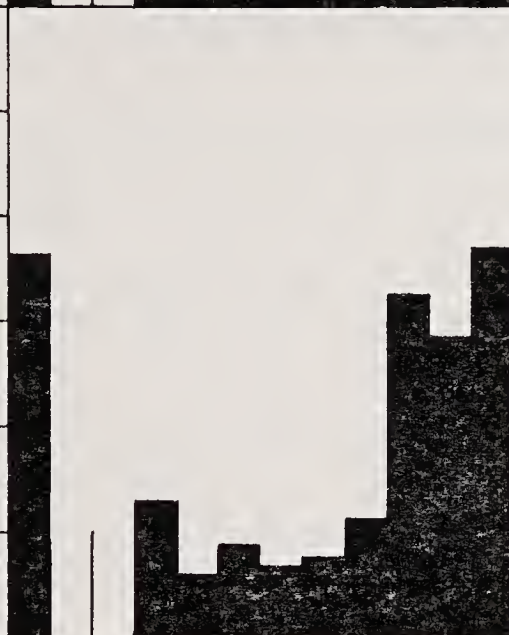
ATHERSLEY

500
400
300
200
100



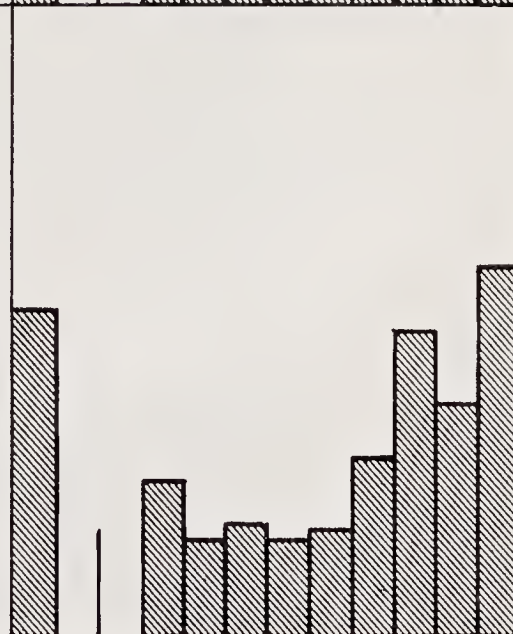
STAIRFOOT

500
400
300
200
100



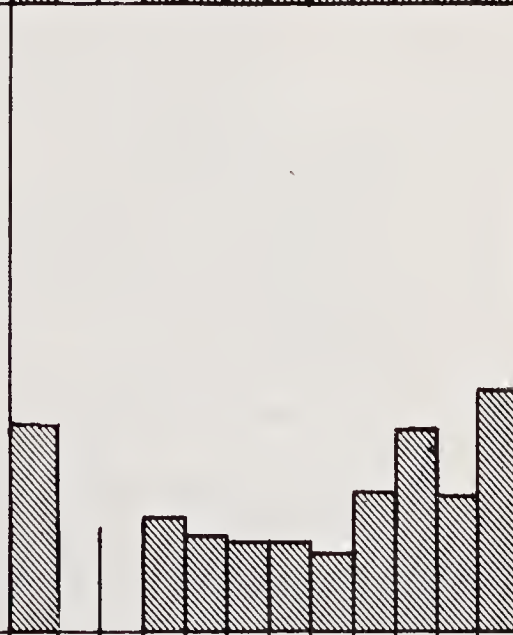
BECKETT
HOSPITAL

500
400
300
200
100



MONK
BRETTON

500
400
300
200
100



MICROGRMS
PER
CU. METRE.

JAN
FEB
MAR
APR
MAY
JUNE
JULY
AUG
SEPT
OCT
NOV
DEC

JAN
FEB
MAR
APR
MAY
JUNE
JULY
AUG
SEPT
OCT
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DEC

Hairdressers and Barbers

There were 5 new registrations of persons and premises during the year, the name of one person and the address of his premises were removed from the register as the business was discontinued, so that at the end of the year there were on the register 97 persons and 90 premises.

Disinfestation and Disinfection

Under this heading the following work was carried out during the year.

52 Local Authority houses were treated for bugs.

17 Local Authority houses were treated for cockroaches.

13 Local Authority houses were treated for clover mite.

7 Local Authority houses were treated for ants and silver fish.

11 Privately owned houses were treated for bugs.

2 Sets of furniture were treated for bugs.

In 57 houses, 77 livingrooms and 118 bedrooms were disinfected, and 156 articles of clothing and bedding were disinfected by steam, also 15 hospital wards were disinfected.

Rodent Control

The number of sewer manholes baited by the two rodent operatives was 2,040, in addition a number of surface infestations by rodents were dealt with, involving 57 visits by public health inspectors.

Swimming Baths

Samples of water were taken from the Public Baths, Raley School Baths and St. Helen's School Bath, at various times throughout the year with the following results.

Public Baths—3 samples from the large bath, one of which was not satisfactory.

6 samples from the small bath, two being unsatisfactory.

Raley School Bath—6 samples, one being unsatisfactory.

St. Helen's School Baths—4 samples, all satisfactory.

Details of the unsatisfactory samples are given in the following table and appropriate action was taken in each instance.

	Plate Count 24 hrs. 37°C per millilitre	Probable No. of Coliform Bacilli 2 days 37°C per 100 millilitre	Probable No. of Bact. Coli per 100 millilitre	Chlorine Content Parts per million
Public Baths				
Large	Uncountable	2	—	0.1 —
Small	Uncountable	18+	16	0.1 —
Small	Uncountable	—	—	0.2
Raley School Bath	12	—	—	NIL

Rag, Flock and other Filling Material

The following samples of filling materials were submitted for examination by the prescribed analyst, and all were found to conform to the standard laid down in the appropriate Regulations.

- 2 Samples of Kapok
- 2 Samples of Woollen Flock
- 2 Samples of Feathers
- 3 Samples of Down and Feathers
- 1 Sample of Down

Fertilisers and Feeding Stuffs

Under this heading twenty-seven samples were submitted to the Agricultural Analyst, only two require comment, one being a sample of liquid manure concentrate which was slightly deficient in potash, the other was a sample of Growmore which contained a slight excess of soluble phosphoric acid.

The twenty-seven samples consisted of the following.

17 samples of fertilisers and 10 samples of feeding stuffs.

Details of the samples are as follows:—

Fertilisers

Compure	....	....	....	....	....	....	1 sample
Bio-Plant Food	....	....	....	....	....	....	1 sample
Liquid Green	....	....	....	....	....	....	1 sample
Sulphate of Potash	....	....	....	....	....	....	2 samples
Nitrate of Soda	....	....	....	....	....	....	1 sample
General Fertiliser	....	....	....	....	....	....	1 sample
Bone Flour	....	....	....	....	....	....	1 sample
Nitro Chalk	....	....	....	....	....	....	1 sample
Plus	....	....	....	....	....	....	1 sample
Liquid Manure Concentrate	....	....	....	....	....	....	1 sample
Hop Manure	....	....	....	....	....	....	1 sample
Growmore	....	....	....	....	....	....	1 sample
Bone Meal	....	....	....	....	....	....	1 sample
Dried Blood	....	....	....	....	....	....	1 sample
Sulphate of Ammonia	....	....	....	....	....	....	1 sample
Fish Manure	....	....	....	....	....	....	1 sample
							—
							17 samples
							—

Feeding Stuffs

Intensive Layers Mash	....	....	....	....	....	....	1 sample
Range Layers Mash	....	....	....	....	....	....	1 sample
Intensive Layers Pellets	....	....	....	....	....	....	1 sample
Baconers Meal	....	....	....	....	....	....	1 sample
Breeding Sow Cubes	....	....	....	....	....	....	1 sample
Layers Pellets	....	....	....	....	....	....	1 sample
Layers Mash	....	....	....	....	....	....	1 sample
Sow and Weaner Meal	....	....	....	....	....	....	1 sample
Layers Meal	....	....	....	....	....	....	1 sample
Deep Litter Pellets	....	....	....	....	....	....	1 sample
							—
							10 samples
							—

Pet Animals Act, 1951

The premises licensed during 1964 comprised one shop and one market stall—the conditions of the licences were observed in both cases.

Animal Boarding Establishments Act, 1963

This Act came into operation on the 1st January, 1964, its purpose being to regulate the keeping of boarding establishments for animals; and for purposes connected therewith. After due consideration the Sanitary Committee adopted a number of conditions subject to which a licence would be granted. Those conditions are as follows :—

1. The accommodation provided for the animals must be suitable, in all respects as regards construction, size of quarters, exercising facilities, temperature, lighting, ventilation and cleanliness.
 2. All animals must be adequately supplied with suitable food, drink and bedding material, and adequately exercised.
 3. All animals must be visited at suitable intervals.
 4. All reasonable precautions must be taken to prevent and control the spread among animals of infectious or contagious diseases including the provision of adequate isolation facilities.
 5. All food supplies and bedding material to be properly protected against infestation by rodents.
 6. The ordure from the animals and soiled bedding material must be disposed of in a satisfactory manner.
 7. A register must be kept containing a description of any animal received into the establishment together with the date of arrival and departure and the name and address of the owner, such a register to be available for inspection at all times by an authorised Officer of the Council.
 8. The licensee shall permit an authorised Officer of the Council to enter the premises at all reasonable times and inspect them and any animals found thereon or anything therein.
 9. The licensee shall ensure that a responsible person is available in or within reasonable distance from the premises for the purpose of giving warning and taking other necessary action in the event of a fire or other emergency. In the case of lock up premises the licensee shall appoint a responsible person residing within reasonable distance of the premises to have custody of the key. The name of such person shall be displayed in legible characters near the main entrance to the premises and be notified to the Chief Fire Officer.
 10. There shall be available on the premises appropriate means for fighting fire approved by the Chief Fire Officer.
 11. Inflammable rubbish in the form of disused straw etc., shall not be allowed to accumulate on the premises. Any grassland adjoining buildings forming part of the premises shall be kept cut to restrict fire spread to animal enclosures.
 12. Heating equipment if any provided on the premises shall be of such a type and so installed as not to constitute a fire hazard.
- During the year three applications for licences were received and granted.

Closet and Refuse Accommodation

The scheme for the conversion of waste water closets into water closets and the provision of additional water closets, proceeded throughout the year with the result that by the end of the year there was only a small number of conversions not done. The Council,

through their contractor, converted 125 waste water closets and provided 66 additional water closets, in addition there were 53 conversions and 22 additional closets provided where the work was done privately by owners. 17 waste water closets were abolished as the houses concerned already had satisfactory closet accommodation.

Under the provisions of the improvement grant scheme 4 midden privies were abolished and 5 water closets provided in lieu.

467 dustbins were renewed for dwellinghouses.

Housing

The work accomplished under this heading is shown in the following tables.

Clearance Areas Declared

William Street Clearance Area No. 170	43 houses
---------------------------------------	------	------	------	-----------

Individual Unfit Houses

Representations made with a view to Closing or Demolition	....	....	....	....	....	....	....	5
Representations made by the Medical Officer of Health with respect to Local Authority houses	....	....	....	....	....	....	....	6
Closing Orders made	....	....	....	....	....	....	....	5

Unfit Houses Demolished in Clearance Areas

Clearance Area No. 155

1, 2, 3, 4, 5, 6Green Street	6 houses
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Clearance Areas Nos. 156, 157, 158

2-52 and 1-45 Boundary Street	
1-15 Portland Street	
282-304 Doncaster Road	....	....	....	....	....	68 houses

Clearance Area No. 161

1, 2, 3, 4, 5, 6 George Street, Monk Bretton	....	....
1, 2, 3, 4 Oxley Terrace	10 houses

Unfit Houses Demolished by Agreement with Owners

1, 2 Rich Lane	2 houses
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Individual Unfit Houses Closed

140 Pontefract Road, Barnsley	1 house
1 Spring Gardens, Monk Bretton	1 house

Improvement Grants

The volume of work in connection with improvement grants continued throughout 1964, 39 Discretionary Grants were made involving an expenditure of £22,513/1/6d. and 208 Standard Grants involving an expenditure of £50,490.

In the case of the Discretionary Grants 42 houses were brought up to the twelve point standard and the following table shows the improvements effected with the aid of Standard Grants.

Standard Grants

Fixed Baths	....	....	....	165
Wash Hand Basins	....	....	....	191
Hot Water Supply	....	....	....	157
Internal Water Closets	....	....	....	205
Food Storage Facilities	....	....	....	3

Rent Act, 1957

One application for certificate of disrepair was received.

Two applications were received for cancellation of certificates of disrepair.

These applications were dealt with in 1965.

Houses in Multiple Occupation

The number of first inspections made of this class of house was 36, and there were 90 re-visits due in most instances to the difficulty of gaining access to some rooms as the occupants were out at work all day.

The following improvements were carried out during the year, two sinks provided, two cookers provided, and four ventilated food cupboards installed.

Prosecutions

Whilst generally, owners of property have done repairs when requested to do so, it has been necessary to institute legal proceedings in five instances, the details are as follows :—

Case A Non-compliance with Statutory Notice under Section 93 of the Public Health Act, 1936, with respect to a defective house roof.

Work done before the hearing.

Case B Non-compliance with Statutory Notice under Section 93 of the Public Health Act, 1936, with respect to the damp walls of two houses.

Work done before the hearing.

Case C Non-compliance with Statutory Notice under Section 93 of the Public Health Act, 1936, with respect to a defective firerange.

Work done before the hearing.

Case D Non-compliance with Statutory Notices under Sections 39 and 93 of the Public Health Act, 1936, with respect to defective roofs and eavesgutters of two houses.

Work done before hearing.

Case E Non-compliance with Statutory Notices under Section 39 of the Public Health Act, 1936, with respect to a defective ventilating shaft.

Order made for work to be done within three weeks.

Offices, Shops and Railway Premises Act, 1963

On the 1st May, 1964, parts of this Act came into operation and at various times during the year, more sections of the Act became operative and thereby added to the powers and duties of local authorities and certainly added to the work of the officers appointed to see that its requirements are observed.

The Act is intended to make provision for securing the health, safety and welfare of persons employed to work in office or shop premises and in certain railway premises, and it is to be welcomed as being long overdue.

The occupiers of premises to which the Act applies were required to register their premises with the appropriate authority and by the end of 1964 857 forms had been dealt with, many of which had to be sent to the local Factory Inspector who deals with certain premises

and all the duplicates were sent to the Chief Fire Officer who is responsible for fire precautions in all premises. It will be appreciated that the checking of these forms to see that they were correctly filled in and their sorting and despatch to the respective officers, imposed additional work on the clerical staff. The inspection of these premises presented a problem which was eventually settled by the appointment of two Technical Assistants whose sole duty was to be inspectors for the purposes of the Act. The two persons appointed were ex-members of the Police Force and their experience and training in the Police Force has proved to be a valuable asset in their work under the Act. One commenced duty on the 14th December, 1964, and the other early in January, 1965.

By the end of the year the following premises had been registered :—

Offices	....	....	....	....	....	....	....	....	....	155
Retail Shops	....	....	....	....	....	....	....	....	....	404
Wholesale Shops and Warehouses	....	....	....	....	....	....	....	....	....	32
Catering Establishments Open to Public and Canteens										79
Fuel Storage Depots	....	....	....	....	....	....	....	....	....	2
Total										<hr/> 672 <hr/>

Owing to the fact that staff for the work were not appointed until the end of the year, the number of general inspections of premises was only 13, 2 offices, and 11 retail shops. In addition, 3 visits were made for a specific purpose.

In these premises the following contraventions were found :—

Section 6—Temperature	....	....	....	....	....	6
Section 9—Sanitary Conveniences	....	....	....	....	....	4
Section 10—Washing Facilities	....	....	....	....	....	8
Section 11—Supply of Drinking Water	....	....	....	....	....	1
Section 24—First Aid Provisions	....	....	....	....	....	6
						<hr/> 25 <hr/>

A new duty imposed on the Sanitary Department by the operation of the Act, was the recording of, and where necessary investigating, accidents in offices, shops and other premises within the scope of the Act.

By the end of December, four accidents had been reported, none of which were fatal, and in no case had an investigation been considered necessary.

Details of the accidents are given below, the classifications being those laid down by the Ministry of Labour.

Class of Premises	Persons affected				Fractures and Dislocations	Sprains and Strains		Open Wounds and Surface Injury
	Men	Women	Boys	Girls		Women	Girls	
Offices 	1				1			
Retail Shops 			1	1			1	1
Catering Establishments open to the public 		1					1	

Supervision of Food Premises and Inspection of Food List of Food Premises

Type	Number
Bakehouses	19
Breweries	1
Butchers Shops	70
Catering Establishments	37
Clubs	44
Flour Confectionery Shops	31
Food Preparing Premises	53
Fried Fish Shops	53
Fruit and Vegetable Retailers	34
Fruit and Vegetable Wholesalers	3
Grocers and Provision Dealers	230
Hawkers Food Storage Premises	53
Hotels and Public Houses	98
Ice Cream Manufacturers	4
Ice-Cream Retailers	305
Milk Depots	3
Mineral Water Manufacturers	3
Off-Licence Premises	68
Premises from which milk is sold	129
School Kitchens	24
Slaughterhouses	2
Sugar Confectionery Shops	67
Tripe Boilers	3
Wet Fish Shops	7
Wholesale Grocery Warehouses	6
Works Canteens	21

IMPROVEMENTS IN FOOD PREMISES

PREMISES	Wash Basins Provided	Sinks Provided	Hot water supply Provided	Premises Cleansed and Redecorated	Fixtures and Fittings Improved	Walls Repaired	Floors Repaired	Ceilings Repaired	W.C.'s Provided or Improved	New Premises Provided	Premises Discontinued
Bakehouses 				4	1	2		1	2		1
Food Preparing Premises 	1			3	2				2	2	2
Hawkers' Vehicles 	2		4		3					2	15
Food Shops 	6		6	3	1		1		2	8	20
Catering Establishments 	2	1	2	11	4	1		1	5	2	4
Fried Fish Shops 				2	5	1				4	4
Licensed Premises 	2		2		1				1	3	13

Hawkers of Food and Food Storage Premises

- 8 Hawkets registered during the year.
- 2 Hawkets food storage premises registered during the year.
- 20 Hawkets discontinued during the year.
- 8 Hawkets food storage premises discontinued during the year.
- Total hawkets on register 96.
- Total hawkets food storage premises on register 53.

Milk Supply

The number of distributors on the register at the end of the year was 121.

Licences for Designated Milk

During the year The Milk (Special Designation) Regulations, 1963, came into operation and the designation "Tuberculin Tested" was changed to "Untreated". The following are the number of licences issued.

- 1 Dealers (Pasteurisers) Licence.
- 116 Dealers Licences to use designation "Pasteurised" or "Sterilised".
- 9 Dealers Licences to use designation "Tuberculin Tested" or "Untreated".

Bacteriological Examination of Milk

Methylene Blue Test

49 samples of Raw Tuberculin Tested or Untreated Milk	....	....	....	....	....	....	47 Satisfactory
							2 Unsatisfactory
27 samples of Pasteurised Milk	....	....	....				26 Satisfactory
							1 Unsatisfactory
9 samples of Tuberculin Tested Pasteurised Milk	....	....	....	....	....	....	9 Satisfactory

Phosphatase Test

27 samples of Pasteurised Milk	....	....	....				27 Satisfactory
10 samples of Tuberculin Tested Pasteurised Milk	10 Satisfactory

Turbidity Test

20 samples of Sterilised Milk			20 Satisfactory
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Test for B. Tuberculosis

16 samples of Raw or Untreated Milk for Tuberculosis	16 Negative
------------------------------------------------------	------	------	------	------	------	------	-------------

Brucellosis

27 samples of Raw or Untreated Milk	....						23 Negative
							4 Positive

Appropriate action was taken in respect of the four samples found to be positive.

Test for Anti-biotics

9 samples of Raw or Untreated Milk					9 Negative
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Ice-Cream

The results of the methylene blue test applied to 189 samples of ice-cream are as follows:—

Grade I	Grade II	Grade III	Grade IV
183	4	1	1

The retailers of the samples in Grades III and IV were informed of the unsatisfactory results and advised on the steps to be taken to improve the standard of their products.

Of 28 samples taken for chemical analysis, 2 were found to contain less than 5% Fat, which is the minimum amount legally required to be present, one was an informal sample, the other was a formal sample both taken from the same manufacturer who was subsequently prosecuted.

The table below sets out the percentage of fat found in the 28 samples :—

2 samples	contained between	4% and	5% fat
1 sample	contained between	5% and	6% fat
1 sample	contained between	6% and	7% fat
4 samples	contained between	8% and	9% fat
9 samples	contained between	9% and	10% fat
7 samples	contained between	10% and	11% fat
4 samples	contained between	11% and	12% fat

Meat and Other Foods

The slaughter of animals intended for food continued to be done at the Public Abattoir and in one privately owned slaughterhouse. All the carcasses and organs were subjected to a careful inspection before being released as fit for human consumption.

Animals Slaughtered and Inspected

			Public Abattoir	Private Slaughterhouse
Beasts	....	....	12034	214
Sheep	....	....	34110	182
Calves	....	....	662	90
Pigs	....	....	21148	145
			<hr/> 67954 <hr/>	<hr/> 631 <hr/>

Fresh Meat Condemned

			Public Abattoir	Private Slaughterhouse
Beef	....	....	6194 lbs.	63 lbs.
Beef Offal	....	....	39825 lbs.	859 lbs.
Mutton	....	....	2814 lbs.	102 lbs.
Mutton Offal	....		2899 lbs.	22 lbs.
Veal	....	....	784 lbs.	
Veal Offal	....	....	342 lbs.	
Pork	....	....	4968 lbs.	40 lbs.
Pork Offal	....	....	2622 lbs.	15 lbs.
			<hr/> 60448 lbs. <hr/>	<hr/> 1101 lbs. <hr/>

Total	Total
26 tons 19 cwts. 2 qrs. 24 lbs.	9 cwts. 3 qrs. 9 lbs.

TABLE VIa
ABATTOIR

Carcases and all organs condemned

Animal	Accident	Inflammatory Diseases	Other Bacterial Diseases
Bullocks		3	1
Cows		8	
Calves	1	3	7
Sheep	2	71	
Pigs	1	9	5

TABLE VIIa
ABATTOIR

Carcases partially condemned

Animal	Tuberculosis	Accident	Other Bacterial Diseases
Bullocks	1	1	
Cows		5	
Sheep		5	7
Pigs	1	1	2

TABLE VIb
PRIVATE SLAUGHTERHOUSE

Carcases and all organs condemned

Animal	Accident	Other Bacterial Diseases
Sheep	2	

TABLE VIIIa

ABATTOIR

Various Organs Condemned as Unfit for Human Consumption

	Heads	Tongues	Lungs	Livers	Stomachs	Kidneys	Hearts	Spleens	Udders	Mesenteries	Intestines
Tuberculosis											
Cows			1				1				
Pigs	273	273	2	4	1					7	7
Inflammatory Diseases:											
Bulls			2	6		10	1				
Bullocks		1	52	28	4	228	61	2		5	5
Heifers			11	10		49	9			3	3
Cows			8	117	5	56	6	4	255	19	19
Sheep			9	9			9				
Calves			3	1			1	1			
Pigs			121	129	8	3	99			17	17
Parasitic Diseases:											
Bulls			2	6			1				
Bullocks	84	84	6	240			25				
Heifers	34	34	6	102			15				
Cows	20	20	2	98			4				
Sheep			200	562			204				
Pigs			41	180			43				
Other Bacterial Diseases:											
Bulls	1	1		4							
Bullocks	35	35	15	387	2	2	4	1			
Heifers	13	13	9	139	1						
Cows	9	9	8	63	1		1		8		
Sheep			4	5			4				
Pigs	7	7		1	1			1		1	1

TABLE VIIIb

PRIVATE SLAUGHTERHOUSE

Various Organs Condemned as Unfit for Human Consumption

	Heads	Tongues	Lungs	Livers	Kidneys	Hearts	Udders				
Tuberculosis											
Pigs	3	3									
Inflammatory Diseases											
Cows			3	12	10	1	11				
Bullocks				1							
Heifers			1	1							
Calves			1								
Pigs	1	1	1	5		1					
Parasitic Diseases											
Heifers	1	1									
Cows	3	3	1			1					
Sheep				2							
Other Bacterial Diseases											
Heifers				2							
Cows			1	4							

TABLE IX
Analysis of Inspection of Meat

	Cattle (exclud- ing Cows)	Cows	Calves	Sheep and Lambs	Pigs	
Number killed	10363	1885	752	34292	21293	
Number inspected	10363	1885	752	34292	21293	
All Diseases except Tuberculosis and Cysticerci						
Whole carcasses condemned	4	8	11	75	15	
Carcasses of which some part or organ was condemned	1219	453	6	607	393	
Percentage affected with disease	11.8	24.4	2.2	1.9	1.9	
Tuberculosis only						
Whole carcasses condemned	—	—	—	—	—	
Carcasses of which some part or organ was condemned	1	1	—	—	281	
Percentage affected with disease	0.01	0.04	—	—	1.3	
Cysticercosis						
Carcasses of which some part or organ was condemned	171	28	—	—	—	
Carcasses submitted to treat- ment by refrigeration	26	3	—	—	—	
Generalised and totally condemned	—	—	—	—	—	

Other Foodstuffs Condemned and Voluntarily Surrendered

Fresh Meat from Shops

Beef 217 lbs.

Other Foods

Chicken 2 lbs.

Bacon 151 lbs.

Ham 50 lbs.

Cheese 167½lbs.

Fruit and Vegetables

Pears 360 lbs.

Lettuce 27 lbs.

Preserved Foods

9523 tins and jars of food 9425½lbs.

Food Seized

Meat Pies 1 lb.

Summary of Foods Condemned

	Tons	Cwts.	Qtrs.	Lbs.
Fresh meat from Abattoir	26	19	2	24
Fresh meat from Private Slaughterhouse		9	3	9
Fresh meat from Shops		1	3	21
Other Foods		3	1	6½
Fruit and Vegetables		3	1	23
Preserved Foods	4	4		17½
Food seized				1
Total	32	2	1	18

Cysticercus Bovis

Viable cysts were detected in 22 bullocks, 4 heifers and 3 cows and non-viable cysts in 2 bulls, 94 bullocks, 49 heifers and 25 cows, together making 2 bulls, 116 bullocks, 53 heifers, and 28 cows affected with the parasite a total of 199 animals, which gives a percentage of 1.62 of the total bovines slaughtered. The viable cyst cases were subjected to refrigeration for three weeks at a temperature below 20°F and in the non-viable cases the affected organs were destroyed and the carcasses passed as fit for human consumption.

Special Examination of Foodstuffs

Bread—Containing a dark substance—consisted of charred bread from a previous baking.

Corned Beef—2 samples for presence of salmonella—no pathogens isolated.

Bread—Contained a foreign body found to be a portion of a bird's feather.

Corned Beef—Evidence of discolouration—due to dryness and oxidation and not to extraneous substance.

Breakfast Cereal—Contained a brownish substance three inches in length—consisted of a gelatinised starch and wheat bran materials used in preparation of breakfast cereal.

Potato Crisps—Contained brownish fragments—consisted of fragments of potato with an excessive amount of cooking oil.

Brown Bread—Containing an area of dark greenish substance—consisted of lubricating oil.

Tea-Cake—Containing two fragments of a greyish substance—appeared to be some form of cement.

Ginger Beer—Examined for metallic contamination because of taste—no evidence of contamination found.

Other Special Bacteriological Examinations

Canteen Crockery—6 swabs taken and colony count per cup varied from 30 to 70. No coliforms or pathogens were isolated.

Sewer Swabs at Public Abattoir—18 sewer swabs were taken from the pig slaughterhouse and lairage.

In 12 cases no pathogens were isolated and in the remaining 6 cases salmonella typhi murium was isolated.

Specimens from 32 pigs at Public Abattoir—4 specimens each of liver, spleen, mesenteric lymph gland and skin from 32 pigs were examined but no pathogenic organisms were isolated.

FOOD AND DRUGS

The number of samples submitted to the Public Analyst was 270, of this number 68 were samples of milk of which 3 were not up to the prescribed standard and details are set out below.

The average composition of the 68 samples was 3.85% Milk Fat and 8.71% Solids not Fat, the minimum standard is 3.0% Fat and 8.5% Solids not Fat.

Sample No.	Adulteration	Remarks
8490 Formal	Slightly deficient in Milk Fat.	Taken at farm. Producer warned by letter.
8513 Formal	Slightly deficient in Milk Fat.	Taken at farm. Producer warned by letter.
8580 Formal	Slightly deficient in Milk Fat.	Taken at farm. Producer warned by letter.

Samples of Food and Drugs (other than Milk)
sent to the Public Analyst during 1964

Article	Total	Genuine	Not Genuine	Formal		Informal	
				Genuine	Not Genuine	Genuine	Not Genuine
Apple Flakes	1	1				1	
Almond Oil	1	1				1	
Aludrox	1	1				1	
Arrowroot	1	1				1	
Baking Powder	2	2				2	
Beef Suet	1	1				1	
Bemax	1	1				1	
Benadryl Capsules	1	1				1	
Bilberries in Syrup	1	1				1	
Boracic Acid Crystals	1	1				1	
Borax	3	3				3	
Butter	2	2				2	
Butter Drops	1	1				1	
Barley Kernels	1	1				1	
Beef Curry	1	1				1	
Bronchitis Mixture	1	1				1	
Buttercup Syrup	1	1				1	
Blackcurrant Syrup	1	1				1	
Black Pudding	1	1				1	
Brown Flour	1	1				1	
Carrots	1	1				1	
Catarrh Pastilles	1	1				1	
Cider	1	1				1	
Curry Powder	1	1				1	
Cake Mix	1	1				1	
Codeine Linctus	1	1				1	
Cooking Oil	1	1				1	
Cough Syrup	1	1				1	
Cayenne Pepper	1	1				1	
Cheese	3	3				3	
Condensed Milk	2	2				2	
Creamed Rice	1	1				1	
Cream Filled Meringue	1	1				1	
Custard Powder	1	1				1	
Caraway Seeds	1	1				1	
Certo	1	1				1	
Chocolate	1	1				1	
Chopped Pork	2	2				2	
Christmas Pudding	1	1				1	
Citroze	1	1				1	
Cod Liver Oil	1	1				1	
Corned Mutton	1	1				1	
Demarara Sugar	2	2				2	
Dripping	2	2				2	
Dressed Crab	1	1				1	
Drinking Chocolate	1	1				1	
Desiccated Coconut	1	1				1	
Easy Icing	1	1				1	
Edible Gelatine	1	1				1	
Egg Custard	1	1				1	
Evaporated Milk	1	1				1	
Farex	1	1				1	
Fish Fingers	1	1				1	
Farley's Rusks	1	1				1	
Fish Cakes	1	1				1	
Fynnon Salt	1	1				1	
Figs	1	1				1	
Garden Peas	2	2				2	

**Samples of Food and Drugs (other than Milk)
sent to the Public Analyst during 1964**

Article	Total	Genuine	Not Genuine	Formal		Informal	
				Genuine	Not Genuine	Genuine	Not Genuine
Ginger	1	1				1	
Glycerine, Honey & Lemon	2	2				2	
Glauber's Salt	1	1				1	
Glucose	1	1				1	
Glycerine of Thymol	2	2				2	
Golden Syrup	1	1				1	
Gravy Salt	1	1				1	
Ground Rice	1	1				1	
Garlic Club Snacks	1	1				1	
Garlic Powder	1	1				1	
Gees Linctus	1	1				1	
Gherkins	1	1				1	
Ginger Beer Shandy	1	1				1	
Gripe Water	1	1				1	
Groats	1	1				1	
Honegar	1	1				1	
Honey	1	1				1	
Honeyjell	1	1				1	
Health Salts	1	1				1	
Horse Radish Sauce	1	1				1	
Hill's Bronchial Balsam	1	1				1	
Ice Cream	28	26	2		1	26	1
Icing Sugar	1	1				1	
Jam	3	3				3	
Jelly Marmalade	1	1				1	
Kruschen Salts	1	1				1	
Lemonade Shandy	2	2				2	
Lung Tonic	1	1				1	
Lemon Cheese	1	1				1	
Lemon Squash	1	1				1	
Mentho-lyptus Tablets	1	1				1	
Milk Pudding	2	2				2	
Mixed Dried Fruit	1	1				1	
Minced Steak	1	1				1	
Mint Jelly	1	1				1	
Macaroni	1	1				1	
Marmalade	1	1				1	
Mint Sauce	1	1				1	
Mushroom Soup	1	1				1	
Mussels	1	1				1	
Madeira Cake Mix	1	1				1	
Margarine	1	1				1	
Marshmallows	1	1				1	
Milk of Magnesia	1	1				1	
Milk Tops	1		1				1
Mincemeat	1	1				1	
Onion Sauce	1	1				1	
Orange Drink	1	1				1	
Parsley	1	1				1	
Penetrol	2	2				2	
Pickled Onions	1	1				1	
Pork Pie	4	4				4	
Pudding (Steak & Kidney)	2	2				2	
Pumpnickel	1	1				1	
Peppermint Cordial	2	2				2	
Plum Jam	1	1				1	
Pork Brawn	1	1				1	
Pork Luncheon Meat	1	1				1	

Samples of Food and Drugs (other than Milk)
sent to the Public Analyst during 1964

Article	Total	Genuine	Not Genuine	Formal		Informal	
				Genuine	Not Genuine	Genuine	Not Genuine
Pressed Chicken	1	1				1	
Potted Meat	1	1				1	
Potted Salmon	1	1				1	
Vick Vapour Rub	1	1				1	
Quinine Tonic Water	1	1				1	
Rose Hip Syrup	2	2				2	
Roast Beef	1	1				1	
Rice Pudding	1	1				1	
Rose Hip & Orange Syrup	1		1				1
Sausage (Pork)	3	2	1			2	1
Self Raising Flour	2	2				2	
Stewed Steak	1	1				1	
Sage & Onion Stuffing	2	2				2	
Salad Oil	1	1				1	
Sal Volatile	2		2		1		1
Sucron	1	1				1	
Senokot	1	1				1	
Steaklets	1	1				1	
Table Salt	1	1				1	
Tomato Ketchup	1	1				1	
Thyme	1	1				1	
Tomato Juice Cocktail	1	1				1	
Table Jelly	1	1				1	
Ver-o-Vine	1	1				1	
Vinegar	1	1				1	
Veganin Tablets	1	1				1	
Yogurt	2	2				2	
Yeast	1	1				1	
Zinc & Castor Oil Cream	1	1				1	
	202	195	7		2	195	5

PARTICULARS OF OTHER FOODS

Adulterated Samples

Sample No.	Article	Adulteration or Offence	Remarks
8447 Informal	Pork Sausage	Contained 62% meat. Slightly deficient in meat.	Vendor warned by letter.
8472 Informal	Sal Volatile	Contained 0.02% free ammonia and 2.26% of ammonium carbonate. Deficient in ammonia 98.2% and in ammonium carbonate 18.1%.	See sample No. 8516.
8507 Informal	Ice Cream	Contained 4.6% fat. Deficient in fat 6.4%.	See sample No. 8517.
8516 Formal	Sal Volatile	Contained 0.11% free ammonia and 2.08% ammonium carbonate. Deficient in free ammonia 90.1% and ammonium carbonate 24.6%.	Refers to sample No. 8472. Vendor prosecuted Fined £5.
8517 Formal	Ice Cream	Contained 4.33% fat. Deficient in fat 13.4%.	Refers to sample No. 8507. Vendors prosecuted Fined 50/- each.
8620 Informal	Milk Tops	Contained 18.15% milk fat. Sample was cream and should contain 23% milk fat.	Vendor warned by letter. Formal sample not obtainable.
8637 Informal	Rose Hip and Orange Syrup	Contained 38 m.grms. of Vitamin C per fluid ounce. Label gave 56 m.grms. of Vitamin C per fluid ounce. Deficient in Vitamin C 32%.	Vendor warned by letter. Formal sample not obtainable.

Prosecutions for various offences in connection with food

- Case A Sale of fish and chips containing a piece of glass.
Fined £5 and costs.
- Case B Sale of Black-currant Jam containing a snail.
Fined £5 and costs.
- Case C Failure to register as a hawker of food, failure to supply hot water, to display name and address, to protect meat and smoking while handling food.
Fined £11 and costs.
- Case D Sale of Ice-Cream deficient in milk fat 13.4%.
Two vendors fined 50s. each.
- Case E Sale of Sal Volatile deficient in Free Ammonia 90.1% and Ammonium Carbonate 24.6%.
Fined £5.
- Case F Sale of Brown loaf containing a dark discolouration.
Vendor fined £3.

Other food offences not prosecuted

- Case A Sale of salted peanuts containing a metal shoe protector.
Supplier and vendor warned by letter.

PART VII

SCHOOL HEALTH

"But good gracious, you've got to educate him first. You can't expect a boy to be depraved until he's been to a good school".

The Baker's Dozen.

'Saki'—Hector Hugh Munro, 1870-1916

The improvement in physique and general health of the community as a whole since World War II consequent upon improved housing, improved standards of nutrition, the National Health Service and perhaps even from better education offered, is reflected in the work of the school health service. The results of routine medical inspection continue to reveal a high standard of health amongst the children and with the follow-up from birth provided by the health authority's arrangements for the care of young children, congenital and developmental defects are detected long before the average child attains school age and action has been taken to deal with them. Increasing interchange of information and co-operation in treatment between the health authority's medical staff and that of the hospital and general practitioners has ensured that most of the effects of illness during infancy are known before the commencement of school life, whilst in the case of children in attendance at school, this liaison with the National Health Service ensures that the Principal School Medical Officer is kept aware of events in the health of the vast majority of individual pupils. The activities of the co-ordinating committee for children likely to be neglected ensures that members of problem families receive special attention both from the health and education services. All these developments must inevitably result in a change in the emphasis to be placed upon routine medical inspection.

In previous reports attention has already been drawn to this changing emphasis and to the growing importance in the school health service of the education and care of the handicapped child. Mention has also been made of the experiments in medical supervision schemes which aim at ensuring that less of the time of school medical staff is spent in confirming the excellent health of the vast majority of the pupils. Over the years these experiments have been watched with care but none offer all the advantages which it is felt would justify their trial in Barnsley. Some of these schemes rely on selective medical examinations and some on questionnaires filled in by parents or by school nurses. Any questionnaire scheme it would seem should include the observations of the teacher who has the closest contact with the individual child and such observations should be fairly detailed. This is one of the obstacles to such a scheme, as at present, teachers have more than sufficient duties without adding such an exacting additional one.

To deal with the problems raised by the alteration in emphasis then, it will be necessary to look in other directions. By reason of their origins and early development all local authority health

services have tended to a greater or lesser extent to overlap the family doctor's work on the one hand and that of the hospitals on the other. It might well be that examination for possible overlapping would go some way towards ensuring a more comprehensive supervision of the child whose medical history indicates he is "at risk", and of the handicapped child. This at the same time might affect a reduction in the present effort expended by specially experienced doctors on the average healthy child. Several methods of doing something towards this end suggest themselves, such as case conferences between school medical officer, general practitioner and paediatrician. As well as this the interchange of some kind of standardised record might be devised in contrast to or in addition to the present exchange of information regarding specific illnesses and defects. Again facilities might be offered to the staff of the paediatric department of the hospitals for study of the apparently normal child in his school environment. Exploration of these possibilities offers an interesting study to those interested in child health and the school health service in the immediate future.

There is little to be added to the comment made on school clinics in last year's report. Every effort is being made to use the opportunities they offer for health education and by co-operation with practitioners to make them complementary to the National Health Service. This has not always been easy. Nevertheless, it would seem that attempts on the part of parents to play off the school clinic and the family doctor one against the other are becoming noticeably fewer.

Again, uncleanliness has occupied a sizeable proportion of the school nurses' time. Again the difficulty arises from a small nucleus of "problem type" families. The worst time for uncleanliness is always after school holidays. The longer the holiday, the worse the problem. So long as these children from such families are at school the school nurses can keep them under observation and can deal with infestation as it arises. During the holidays when the children are at the mercy of parental apathy and indifference, the head louse has every opportunity to flourish and to spread to new and unsuspecting hosts.

The various specialist and ancillary arrangements which form so important a part of the School Health Service have operated most satisfactorily during the year. It will be observed that speech therapy, audiometry, child guidance, physiotherapy and ophthalmological examination and supervision are all readily available to the school medical officers who make full use of them.

The school dental service underwent a most encouraging metamorphosis during 1964, details of which are set out in the report of the principal school dental officer. After the many lean years it is most gratifying at last to be able to present dental statistics which are beginning to approach those envisaged for an up to date service. At the same time it must be borne in mind that there is still an enormous backlog to be made up in the field of school dentistry in Barnsley. It will take several years to overtake it but at least, in 1964 a start from a firm base has been made. Apart altogether from purely dental health, this improve-

ment in facilities for school children can not but have an ever increasing beneficial effect on the general health of the community. This is a fact which tends more and more to be ignored if not simply overlooked.

Reference has already been made to the fact that over the years, relationships have steadily improved between the school health service and those two parts of the National Health Service not administered by the local authority. If only a few of the suggestions made above were to receive favourable consideration, this relationship would become even closer. It may therefore not be unreasonable to look forward to the development of a fully integrated health service for the child at school in the not too distant future.

SCHOOL HYGIENE

The steady improvement in school hygiene continues in parallel with the development of the new housing estates and the clearance of the slum areas. Thus overcrowding is relieved in the older schools as the children from the re-housed families commence attendance at the new schools. It is not always easy to ensure that the correct number of school places in these new buildings keeps pace with the resettlement of the population, with the result that from time to time, bottlenecks occur. Provided there is some elasticity in the Central Government decrees on expenditure on new schools these bottlenecks tend to be of short duration, and such overcrowding as may occur as a result of them is of little importance. In any case overcrowding in new schools designed to conform to modern standards is not comparable as an evil to that which occurs in old schools which have outlived the standards to which they were built.

The practice whereby the head teacher and the school medical officer consult on problems of hygiene on the occasion of each medical inspection was continued and proved effective in dealing with day to day problems. Records of these discussions continued to be maintained.

MEDICAL INSPECTION

The total number of children examined at routine medical inspection was 3,736| of these 1,371 were born in 1957 or later and may be regarded as having been subject to entrant examinations. 781 fewer inspections were done than in 1963. Details of the age groups examined and the finding as to physical condition are set out in Table IA of the appendix to this part of the report. A total of 6,931 special inspections including re-inspections was carried out, compared with 7,884 in 1963.

The vision of all pupils in the entrant groups is tested within one year of entry. Vision tests are repeated thereafter at two year intervals through the child's school life. Vision tests are carried out in the first instance by the school nurse. Tests for colour vision are carried out on both girls and boys by the school medical officers when they have reached 14 years of age.

Audiometric testing is carried out by the audiology technician on all pupils within one year of entry to school.

FINDINGS OF MEDICAL INSPECTION

The statistical summary of the physical condition as assessed at medical inspection is shown in Table II in the appendix to this part of the report.

The findings in relation to physical condition continued the satisfactory trend which has now come to be taken for granted. only 0.32 per cent of the children inspected were classified as of unsatisfactory condition. Last year the figure was 0.79 and in 1962, 0.62. Having regard to the factors involved this figure leaves very little room for improvement and confirms the remarks made elsewhere regarding the future activities of the school health service. This further improvement is most satisfactory.

The total number of children found to require treatment for defects was materially lower than in the previous year—317 as against 500 in 1963. The details relating the various age groups to medical inspection are set out in Table IA.

Uncleanliness

The number of individual children found to be infested with vermin was 593 compared with 609 last year. The number of inspections carried out was 31,515 or 1,709 more. It should be appreciated that the decrease in the number of children found infested does not arise from the fact that fewer inspections were done—in fact the position is rather the reverse. Where a group of cases of infestation occur in a large school, the repeated inspections necessary for supervision readily increases the overall number of inspections done. It will also be noted that 87 cleansing notices were issued in 1964 compared with 66 in the previous year, and cleansing orders were made in 3 cases. There is no doubt that this vigorous action has not been without its effect.

Eye Defects

The number of children requiring treatment for defective vision (excluding squint) was 122 as compared with 196 in the previous year and 194 in 1962.

Squint called for reference for treatment in a total of 7 cases—this compares with 7 cases in 1963. Other eye conditions accounted for a total of 4 cases requiring treatment—in 1963 the number was 3.

Reference to Table IIA shows the figures set out as to whether defects were present in “entrants” “leavers” or others.

Ear, Nose and Throat Defects

Reference to Table II will show that 40 children were referred for treatment on account of defective hearing—this figure compares with 25 children reported in 1963. Otitis Media shows a decrease of 28 cases. Nose and throat defects with a total of 59 requiring treatment compare with 97 detected in 1963.

Orthopaedic and other defects

A detailed analysis of all defects and the action taken regarding them is shown in Tables II and III in the appendix to this part. In no case are the figures unusual or excessive in relation to the numbers of children inspected in the various groups.

Arrangements for Treatment in 1964

Consultation Services

Ear, Nose and Throat Clinic

Tuesday 2.30 p.m. to 4.30 p.m.

Wednesday 9.30 a.m. to 12.0 noon.

Thursday 9.30 a.m. to 12.0 noon.

Eye Clinic

Monday 9.30 a.m. to 12.0 noon.

Thursday 2.0 p.m. to 4.0 p.m.

Orthopaedic Clinic

Monthly—first Friday in the month.

School Medical Officers Consultation Clinics

Wednesday 9.30 a.m. to 12.0 noon.

Saturday 10.0 a.m. to 12.0 noon.

Dental Clinics

New Street Clinic—2 surgeries—daily Monday to Friday)

Athersley Clinic— 1 surgery—daily Monday to Friday)

Lundwood Clinic— 1 surgery—daily Monday to Friday)
by appointment.

Orthodontics

New Street Clinic—Wednesday afternoon)

Athersley Clinic— Wednesday morning) by appointment

Lundwood Clinic— Monday morning)

Minor Ailments Clinics

Barnsley—Medical Services Clinic, New Street—
Monday-Saturday—9.30 a.m. to 11.30 a.m.

Athersley—The Clinic, Laithes Lane—
Monday—9.30 a.m.

Ardsley—The Clinic, Hunningley Villa, Hunningley Lane—
Monday—9.30 a.m.*

Carlton—The Clinic, Spring Lane—
Thursday—10.0 a.m.*

Lundwood—The Clinic, Pontefract Road—
Monday—9.30 a.m.

Monk Bretton—The Clinic, High Street—
Friday—10.0 a.m.*

*—in conjunction with Infant Welfare Clinics.

Ultra-Violet Light Clinics and Physiotherapy

By appointment with the Physiotherapist—New Street Clinic.

Audiometric Testing

By appointment—New Street Clinic.

Speech Therapy

By appointment—New Street Clinic, Athersley and Lundwood Clinics.

Nutrition

The continued increase in the standard of living makes under-nourishment in its classical form a relatively rare condition. Cases do, however, occur from time to time of malnutrition which arise from parental inability to ensure that the best use is made of dietary materials available. This may be due either to ignorance

or to “spoiling” by providing articles demanded rather than a properly balanced diet which is not so acceptable to the individual child. School meals and school milk have proved almost as valuable in dealing with this problem as with frank undernourishment. There is one type of case, however, where they fail. This is where the parents of the spoiled child hold the view that there is something inferior about articles of diet provided by the Education Authority. Fortunately, this outlook is not frequently encountered but when it does occur the treatment of the children involved proves extremely difficult.

School Meals

	1963	1964
Provided free	210,815	192,269
Provided at $\frac{1}{2}$ of full charge	497	432
Provided at full charge	1,093,815	1,209,439
3,512,294 bottles of milk were supplied to children in schools.		

Uncleanliness

Arrangements for the treatment of cases of uncleanliness continue as before. Cleansing and disinfecting facilities exist at New Street Clinic and are available for use at the parents' request. They are also used by the school nurses when statutory action under the Education Act 1944, S.54(5) becomes necessary.

Minor Ailments

Reference to the Clinic timetables shows that the existing arrangements were continued during 1964.

Eye Diseases—Defective Vision and Squint

The highly satisfactory arrangements described in previous reports continue. A stable arrangement with the Sheffield Regional Hospital Board has allowed an increasing number of children to receive attention for eye defects.

The consultant clinic was held twice weekly at the New Street premises by Dr. Kamaluddin, the ophthalmologist S.H.M.O. appointed by the Sheffield Regional Hospital Board. The figures for the cases dealt with by him are shown in the appendix to this report, Table III.

Ear, Nose and Throat Defects

Mr. Rowe, Consultant Ear, Nose and Throat Surgeon to the Barnsley Hospital Group, continues to conduct two consulting sessions per week at the New Street Clinic. Examination of the number of cases treated shows an appreciable increase over the previous year. Table III.

Audiometric Testing

The health authority's audiology technician who carries out the audiometric testing of school children undertook the following work during the year.

(a) Tests undertaken at New Street Clinic 810

These were carried out on children referred by the ear, nose and throat consultant, School Medical Officers, occasionally by the speech therapist and as retest from school sweeps.

(b) School Sweep Testing

Number of children tested on school premises 1,930

Orthopaedic and Postural Defects

The existing arrangements for orthopaedic examination and treatment have been continued throughout the year.

The Orthopaedic Surgeon held sessions at New Street Clinic on 11 occasions and at these he saw 48 new cases and carried out 127 re-examinations.

The work done by the physiotherapist in the school health service is as follows:

Treatment for postural and other defects:

Number of patients treated	21
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Number of attendances made	390
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Mount Vernon School:

Number of visits	37
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Number of treatments	295
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Children requiring surgical appliances have continued to obtain these through the Beckett Hospital, Barnsley (see appendix, tables IIIC and V).

Child Guidance

Development of the Child Guidance Service continues along the lines outlined in previous reports. Particular efforts were made to co-ordinate certain aspects of the work of this service with the mental health work of the health authority by the attendance of mental health officers at the Child Guidance Centre. Mention of this has already been made in the appropriate part of the report.

The annual report of the Consultant Child Psychiatrist, Dr. J. D. Orme, who is appointed by the Sheffield Regional Hospital Board and who carries out three sessions per week on the education authority's premises is as follows:—

“The pattern of cases referred to the Child Guidance Clinic has remained much the same as in the previous few years. School medical officers, general practitioners, the educational psychologist, probation officers and the children's officer have all provided their quota and made use of the facilities available.

“Continuing the innovation in 1963 of group treatment, there have been two small groups carrying on throughout most of the year. A group of younger children playing together has helped several quiet, withdrawn children to open up and lose some of their inhibitions, while some over-active, aggressive ones have learnt greater control and concentration. Thus, both types have been helped to fit more easily into the demands of the school community.

“The number of adolescent boys attending a handicrafts group has varied but on the whole this has been a successful move. Again this has helped some withdrawn boys to gain confidence and join in more freely, and some of the more aggressive ones to learn greater control in a small group.

“A very important problem which has been a frequent cause for referral this year has been that of the children who can not get to school because of emotional disturbance—the so-called ‘school phobia’, not well named because the real disturbance is the fear of separation and independence from home and parents

which attendance at school necessitates. These children show emotional disturbances in other ways and often are reflecting immature attitudes from their parents. They show many different features from the anti-social problems of the truants, who come from socially disturbed homes and are most likely to be associated with delinquency.

“Treating several children in a group has released time for work outside the clinic, particularly for visits to schools. Most important have been the regular visits to the William Henry Smith School at Brighouse where there have been two or three boys from Barnsley whom I have continued to treat. The good results obtained at this school with boys severely disturbed, emotionally and socially, shows what can be done when there is close co-operation between the school staff and the referring agency. It is possible that there would be less need for residential treatment if there were more highly trained workers (e.g. psychiatric social workers) to deal with the treatment of the parents and their disturbances.

“The enuresis alarm (pad and bell) apparatus has been in constant use with good results on the whole. Failures are usually due to inadequate treatment of underlying emotional causes which prevent the reflex retraining of the bladder emptying”.

New and re-referred cases	....	....	....	....	....	48
Waiting list at 1st January, 1964	....	....	....	....	....	4
Waiting list at 31st December, 1964	....	....	....	....	....	2
Total cases treated during the year	....	....	....	....	....	109

Speech Therapy

Throughout 1964 the Barnsley school health service continued to provide speech therapy, the figures for which are as follows:

Number of children attending for treatment	....	122
Number of attendances made by school children for observation and/or treatment	....	974
Number of school children discharged during the year	....	84
Number of visits made to school premises	....	63
Number on waiting list at 31.12.64	....	4

Ultra-Violet Light Therapy

Ultra-Violet Light Therapy was carried out by the physiotherapist:

Treatment done at New Street Clinic

Number of children treated	....	15
Number of attendances made	....	278

Treatment done at Mount Vernon School, Barnsley—
(by nurse in charge)

Number of children treated	....	28
Number of attendances made	....	169
Total number of children treated	....	43
Total number of attendances made	....	447

Once again full use of Ultra-Violet Light was made in the diagnosis of ringworm. In this sphere it remains the most useful weapon in the control of the spread of fungus infections.

MOUNT VERNON SCHOOL

Mount Vernon School, formerly Mount Vernon Open Air School, caters as a special school for delicate and physically handicapped children.

Originally as an open air school, its principal function was to provide surroundings in which undernourished children might, through good feeding and hygiene build up a resistance to the then prevalent infections and other results of malnutrition. During the years since the second world war, school meals, slum clearance, modern schools, more general prosperity and various social services have made the undernourished child a clinical rarity. There are, of course, still the children of problem families and those with mothers of low intelligence whose physique suffers from their parents' apathy or their intellectual inability to provide for their welfare. In such cases the Mount Vernon School can ensure that they receive more food and regular meals and a closer supervision of general physical development than is possible at an ordinary school. Such cases are fortunately few.

The school is most valuable as an assessment centre for children who suffer from physically handicapping defects and for children who are recovering from illnesses. The special facilities available—a school nurse always in attendance, physiotherapy regularly available and the special feeding arrangements, as well as close medical supervision—provide suitable conditions for the observations necessary to decide whether the patient will ultimately be able to go to an ordinary school.

The period for assessment is useful in itself in the case of children who are recovering from major illnesses. The regime at Mount Vernon and the almost individual attention which the children receive provides a graduated transition from education in hospital to ordinary school. Whilst those whose handicaps are permanent are given the opportunity of mixing with the children with disabilities differing from their own and with some little disability at all, this often improves self confidence and can even, in some cases, decide the issue in favour of an ordinary school in Barnsley instead of a special residential school.

As every effort must be made to ensure that where possible children remain within their own family circle, Mount Vernon is performing a most valuable function in this direction.

The change of name of the school would appear to have dispelled at last the myth that all children in attendance are suspected of pulmonary tuberculosis.

SCHOOL DENTAL SERVICE

The following report has been received from the authority's Principal School Dental Officer, Mr. J. Kilner, T.D., B.D.S., L.D.S.

Shortage of dental staff has been the repetitive theme of the annual report in the School Dental Service during the last ten years, but the originator of the report expressed annually the hope that the situation would one day change. In January 1964, the dental officers employed (full-time equivalent) were 1.9 (one full-time and two part-time dental officers). Then the dramatic metamorphosis and at the beginning of 1965 the staff consisted of a Principal Dental Officer, two full-time assistant dental officers,

one part-time dental officer (full-time equivalent 3.7) and in addition, one full-time dental auxiliary. With a school population round the 15,000 mark and to achieve the ideal of one dental officer per 3,000 school children, efforts will be made to acquire both new clinic facilities and extra dental officers. As a result of the improvement in staffing during 1964, routine inspection of children in school was re-commenced and 6,689 children were seen at school—approximately 50% of the entire school population of Barnsley (including secondary schools, primary school, nursery school and special schools). This is no mean achievement, since the stepping up of the school inspection programme did not begin until the latter part of 1964. By the time this report is published, every school in Barnsley (excepting perhaps the Holgate Grammar School, the Broadway Technical Grammar School and the Girls' High School) will have been inspected by a school dental officer during the preceding 12 months.

It would not be out of place here to state briefly the function of the school dental service:

1. The duty of the school dental service is to make available dental treatment for all children attending maintained schools or otherwise the responsibility of the local education authority. The aim of the Service is to ensure that, as far as possible, through dental health education and a high standard of dental care, children shall leave school free from dental disease and irregularity, with an understanding of the importance of good natural teeth and zealous in looking after them.
2. The service is designed for routine inspection in schools, routine and emergency treatment in clinics and dental health education in both.

That the Barnsley School service is fulfilling its duty is evident, first, in the decision to equip the Lundwood dental suite with the most up to date dental equipment, and, secondly, planning future dental clinics. Lundwood Clinic became operational on the 14th September 1964, and in the coming year it is planned to have a dental clinic in Jordan House and later, the Hunningley Clinic is to be equipped for dental use.

It is both frustrating and disappointing to find a child at a school inspection with a mouth full of carious teeth and no oral hygiene, who is given a card to take home to its parent requesting the parents' consent to treatment and who then returns the card refusing treatment. The system is not exactly infallible since some of the other children sign the form themselves saying treatment is not authorised or that treatment is to be obtained in the General Dental Services. But, apart from this, there remains the odd pocket of ignorance and unco-operation among the parents. Dental health education in Barnsley is directed primarily to the toddlers and infants and Miss J. Walters, the dental auxiliary, has already established contact with head teachers and visits schools to give her talks, films and demonstrations about oral hygiene.

Tribut must be paid to the great care and expert treatment being given to an increasingly larger percentage of school children by the private dental practitioners in the neighbourhood. The disappointment at seeing a dirty uncared for mouth is compensated by the sight of a clean healthy mouth with evidence of sound conservation and the understandable pride of the child who says "I've got my own dentist, mister so and so". One achievement of an annual dental inspection at school appears to be that the child and parent have their elbow nudged and become "tooth conscious", even though the phase is only transitory.

It is found that some head teachers assist the work of the school dental officer by "briefing" the children prior to the dental visit. With the infants, this is an excellent idea, not only to allay their fears, but to get mums also interested in teeth—most young children recount every detail of a school day to mum on the return home. Health visitors also play their part in dental health education as well as the school medical officers who frequently refer acute dental cases to the dental officer. It is of interest to mention that cardiac, bronchial or other serious defects discovered by the school medical officer at school medical inspections are reported to the principal school dental officer for inclusion in the child's dental record card| choice of treatment may well be modified in the light of the medical officer's findings.

The Authority encourages post graduate study for its dental officers. Two refresher courses were attended during 1964 and two dental officers attend the meetings of the Charles Clifford Dental Hospital Orthodontic Study Circle. The Principal School Dental Officer attended meetings of Chief Dental Officers with the Chief Dental Officer of the Department of Education and Science during the year, and in December, a Senior Dental Officer from the Department of Education and Science, Mr. J. G. Potter, visited the Barnsley dental clinics.

A new system of documentation standard in every local authority dental service is to be introduced on 1st January, 1965.

Finally, a look into the future—what is to become of the School Dental Service and the General Dental Service? Is it now time to think of an integrated service, a salaried service—the health centre? No doubt much thought is given to the ever increasing cost of both services. It is imperative also that thought be given to the practical means of direct community control of dental disease i.e. fluoridation of domestic water supplies: the knowledge we have must be used to promote dental health as well as to treat the actual dental disease.

HANDICAPPED PUPILS

Children to a total of 64 were ascertained during the year as belonging to one or other of the categories of handicapped pupils requiring education at special schools approved under Section 9(5) of the Education Act 1944 or boarding in boarding homes.

Blind Children

No child was assessed as blind or partially sighted during the year. One blind and five partially sighted pupils were receiving special education at the end of the year.

Deaf and Partial Hearing Children

One child was assessed as deaf and one was assessed as partially hearing. Eight deaf and six children with partial hearing were receiving education in special schools. (Six children were in attendance at the authority's partial hearing unit at Burton Road Primary School, Barnsley).

Physically Handicapped Children

Four children were assessed as physically handicapped during the year and four were placed in special schools.

Delicate Children

Twenty-two delicate children were provided with special education. Nine children received education in hospital and two at home.

Maladjusted and Educationally Subnormal Children

One child was assessed as maladjusted and two children as educationally subnormal. Eight maladjusted children and 117 educationally subnormal children were receiving special education under arrangements made by the authority.

Epileptic Pupils

One pupil was ascertained as requiring special education by reason of epilepsy. Three epileptic pupils were receiving special education under arrangements made by the authority.

Children Unsuitable for Education at School

Eleven children were found to be unsuitable for education in school in accordance with the provisions of S.57(4) of the Education Act 1944. One review was carried out under the provisions of S.57A of the Education Act 1944. Table VII in the appendix to this part of the report records statistically in the form required by the Minister of Education information regarding the authority's work amongst the handicapped pupils during the year.

122 visits were made by the female mental welfare officer to handicapped children during the year.

Special Investigation—Verruca Plantaris

The special investigation described in last year's Annual Report was continued in 1964.

The treatment and investigation has now gone on for the past four years and a summary of the findings is as follows:

Children Treated

Year	1961	1962	1963	1964	Totals
Girls	100	117	98	91	406
Boys	65	89	65	58	277
Total	165	206	163	149	683

The predominant group in every year was females:

Proportion treated in	1961—Girls 60.6%	Boys 39.3%
	1962—Girls 56.8%	Boys 43.2%
	1963—Girls 60.0%	Boys 39.0%
	1964—Girls 61.0%	Boys 39.0%

In 1961 the most predominant group treated was 13 years both for boys and girls. In 1962 it was girls aged 12 years and boys 11 years and this was also the case for 1963. In 1964 however, the most predominant age groups were 11 years of age for boys and girls, the 12 years group for girls and the 13 year group for boys. It is interesting to note that 45 children under the age of 11 years were treated and of these 75% did bare-foot activities in school and 49% attended swimming baths.

The proportion of the total treated who attended Secondary Schools was:

1961—83% ; 1962—79% ; 1963—53% ; and in 1964—57%

Not all cases treated attended swimming baths, but of those who did take part in this activity—

in 1961 53.3% attended Public Baths and 38.1% attended Raley Baths
in 1962 37.3% attended Public Baths and 43.6% attended Raley Baths
in 1963 46.0% attended Public Baths and 25.0% attended Raley Baths
in 1964 36.1% attended Public Baths and 21.4% attended Raley Baths
and a further 9.6% attended the St. Helen Baths.

Raley County Secondary School again produced the highest proportion of attenders at this clinic, although their numbers are not now so high as 1961-62.

Of the total attendance in 1961 27%
1962 29%
1963 17%
1964 13% attended Raley

Comment

The four years of the survey has now revealed that there is a higher incidence of plantar warts among girls who account for 60% of the cases treated.

The subject of plantar warts has attracted much interest in the past, and still continues to hold the attention of school medical officers, general practitioners and dermatologists. The Chief Medical Officer of the Ministry of Education devoted a whole chapter (XI) to this in the "Health of the School Child" for 1958 and 1959 and between November 1964 and February 1965 various correspondents to the British Medical Journal pursued the matter.

It would appear that the children who are "at risk" to this type of infection are those who participate in bare-foot activities, attend swimming baths, or a combination of both.

INFECTIOUS DISEASES

Full details of the occurrence of infectious diseases in the County Borough are given in the part of this report which is devoted to epidemiology. The figures relating to the incidence of infectious diseases notified as occurring in children of school age during 1964 are as follows:—

Disease	No. notified
Scarlet Fever	30
Whooping Cough	35
Measles	568
Pneumonia	9
Meningococcal Infection	2
Dysentery	73
Food Poisoning	15
	<hr/>
	732
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Immunisation against Diphtheria

During the year, 267 children of school age received a primary course of injections of anti-diphtheria antigen. 903 received reinforcing or booster doses.

School Nursing

School nursing is carried out by all members of the health visiting service who are also appointed as school nurses. In addition, a State Registered Nurse is employed whole-time on the care of children who are in attendance at the Mount Vernon School.

The Scout Dyke Camp and Strines Youth Hostel were visited twice weekly by school nurses between April and July 1964—a total of 22 visits.

Nursing staff carried out home visits in the follow-up of defects amongst school children as follows:

Defective vision and eye diseases	960
Ear disease	72
Tonsils and Adenoids	44
Unclean heads	432
Immunisation	76
Scabies	12
Other skin diseases	48
Miscellaneous	604
	<hr/>
	2,248
	<hr/>

Testing for visual acuity is done every two years by the school nurses—suspected defects are dealt with by the school medical officers and are referred to the consultant ophthalmologist if necessary. Follow-up is carried out by the school nurses to ensure that glasses, when ordered, are obtained and worn.

RECIPROCITY WITH OTHER AUTHORITIES

The result of medical inspection by medical officers of the Barnsley educational authority of pupils domiciled in the West Riding of Yorkshire who attend schools in the County Borough are shown in the appendix, Table VIII. The results of medical inspection of pupils domiciled in Barnsley by school medical officers of the West Riding County Council area (Division 25) are shown in the appendix, Table IX.

PHYSICAL EDUCATION — SWIMMING

Totals for winter and summer swimming (September 1963 to August 1964) at the Raley and Corporation Baths:

	Winter Sept. 63— March, 64	Summer April— July, 64
Number of children sent to baths	3,073	4,612
Total number of attendances made	45,607	41,587
Number of children who could swim at least 10 yards at the end of the session	1,944	2,709
Number of children who gained Education Committee certificates—		
1st Class	1	3
2nd Class	62	62
3rd Class	550	343
Number of Royal Life Saving Certificates		
Elementary	23	10
Intermediate	22	9
Bronze Medallion	22	9
Bronze Bar	4	5
Bronze Cross	15	—
Total number of individual children sent to baths in 12 months ended August, 1964	4,800	
Royal Life Saving Society—Saftey Awards		
Preliminary	113	64
Advanced	38	8

PART VII — STATISTICAL APPENDIX

MEDICAL INSPECTION AND TREATMENT

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

TABLE IA—Periodic Medical Inspections

Age Groups inspected (by year of birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected			No. of Pupils found not to warrant a medical examination (See Note 1 above)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)			
		Satisfactory	Unsatisfactory	No.		For Defective Vision (excluding squint)	For any other condition recorded at Part II	Total Individual Pupils	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		
1960 and later	10	10	—	—	—	1	1	1	
1959	565	565	—	—	—	21	35	52	
1958	618	617	1	—	—	23	71	86	
1957	178	178	—	—	—	9	19	27	
1956	129	129	—	—	—	5	11	14	
1955	194	194	—	—	—	7	10	15	
1954	96	96	—	—	—	1	6	7	
1953	123	123	—	—	—	3	17	20	
1952	279	279	—	—	—	7	10	17	
1951	206	206	—	—	—	5	2	6	
1950	229	227	2	—	—	6	6	12	
1949 and earlier . .	1109	1100	9	—	—	35	29	60	
TOTAL	3736	3724	12	—	—	122	217	317	

B.—Other Inspections

Number of Special Inspections	1,619
Number of Re-inspections	5,312
	<hr/>
	6,931
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C.—Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	35,515
(b) Total number of individual pupils found to be infested	593
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act 1944)	87
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act 1944)	3

TABLE II

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

T.—Treatment; O.—Observation

Defect or Disease (2)		Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Skin	T.	6	2	2	10	5
	O.	1	—	—	1	1
Eyes—						
(a) Vision	T.	70	37	15	122	12
	O.	59	2	10	71	1
(b) Squint	T.	7	—	—	7	2
	O.	—	—	—	—	3
(c) Other	T.	—	4	—	4	1
	O.	1	2	—	3	2
Ears—						
(a) Hearing	T.	34	4	2	40	9
	O.	3	1	—	4	5
(b) Otitis Media	T.	14	10	4	28	2
	O.	—	1	—	1	1
(c) Other	T.	3	1	—	4	—
	O.	—	—	—	—	—
Nose and Throat	T.	35	8	16	59	16
	O.	16	—	2	18	3
Speech	T.	18	1	1	20	3
	O.	9	1	1	11	3
Lymphatic Glands	T.	—	—	—	—	2
	O.	6	—	—	6	2
Heart	T.	—	—	—	—	1
	O.	—	—	—	—	—
Lungs	T.	1	—	—	1	4
	O.	8	—	—	8	3
Developmental—						
(a) Hernia	T.	—	—	—	—	—
	O.	—	—	—	—	—
(b) Other	T.	3	—	—	3	4
	O.	2	1	1	4	—
Orthopaedic—						
(a) Posture	T.	4	2	1	7	5
	O.	—	1	1	2	4
(b) Feet	T.	23	2	5	30	7
	O.	6	2	2	10	3
(c) Other	T.	2	2	—	4	2
	O.	—	1	—	1	—
Nervous System—						
(a) Epilepsy	T.	—	—	—	—	—
	O.	2	1	—	3	1
(b) Other	T.	5	—	2	7	1
	O.	4	—	—	4	—
Psychological—						
(a) Development ..	T.	2	—	1	3	—
	O.	7	—	—	7	1
(b) Stability ..	T.	1	—	2	3	4
	O.	3	—	1	4	4
Abdomen	T.	—	—	—	—	1
	O.	—	—	—	—	1
Other	T.	3	—	—	3	11
	O.	1	—	1	2	4

TABLE III

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

(Including Nursery and Special Schools)

A. Diseases of the eye, defective vision and squint										Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint										70
Errors of refraction (including squint)										2,061
Total										2,131
Number of pupils for whom spectacles were prescribed										1,036
B. Diseases and defects of ear, nose and throat										
Received operative treatment:										
(a) for diseases of the ear										16
(b) for adenoids and chronic tonsilitis										119
(c) for other nose and throat conditions										67
Received other forms of treatment										1,136
Total										1,338
Total number of pupils in schools who are known to have been provided with hearing aids:										
(a) in 1964										6
(b) in previous years										47
C. Orthopaedic and Postural Defects										
(a) Pupils treated at clinics or out-patients departments										80
(b) Pupils treated at school for postural defects										24
Total										104
D. Diseases of the skin										
Ringworm:										
(a) Scalp										—
(b) Body										1
Scabies										64
Impetigo										26
Other skin diseases										393
Total										484
E. Child Guidance Treatment										
Pupils treated at Child Guidance Centre										109

F.	Speech Therapy								
	Pupils treated by speech therapist ....	....	....	....					122
									<hr/>
G.	Other Treatment Given								
	(a) Pupils with minor ailments ....	....	....	....					460
	(b) Pupils who received convalescent treatment under School Health Service arrangements ....	....	....	....	....	....	....		1
	(c) Pupils who received B.C.G. vaccination								—
	(d) Other than (a), (b) and (c) above:								
	Pupils who have received Ultra Violet Light treatment ....	....	....	....	....	....	....		43
									<hr/>
	Total (a)—(d)								504
									<hr/>

TABLE IV

**DENTAL INSPECTION AND TREATMENT
CARRIED OUT BY AUTHORITY**

A.	Dental and Orthodontic Work								
	1. Number of pupils inspected by Authority's Dental Officers:								
	(i) Periodic inspections ....	....	....	....	....	....	....		6689
	(ii) Specials ....	....	....	....	....	....	....		919
									<hr/>
							Total	....	7608
									<hr/>
	2. Number found to require treatment ....	....	....	....	....				4501
	3. Number offered treatment ....	....	....	....	....	....			3841
	4. Number actually treated ....	....	....	....	....	....			2584
B.	Dental Work other than Orthodontics								
	1. Number of attendances made by pupils for treatment excluding those recorded at C(i) below ....	....							9588
	2. Half days devoted to								
	(i) Periodic School Inspections ....	....	....	....	....				33
	(ii) Treatment ....	....	....	....	....	....	....		1295
									<hr/>
							Total	....	1328
									<hr/>
	3. Fillings								
	(i) Permanent teeth ....	....	....	....	....	....	....		4562
	(ii) Temporary teeth ....	....	....	....	....	....	....		1138
									<hr/>
							Total	....	5700
									<hr/>
	4. Number of teeth filled								
	(i) Permanent teeth ....	....	....	....	....	....	....		4378
	(ii) Temporary teeth ....	....	....	....	....	....	....		1089
									<hr/>
							Total	....	5467
									<hr/>

5. Extractions	
(i) Permanent teeth	777
(ii) Temporary teeth	2459
Total	3236
6. (i) Number of general anaesthetics given for extractions	1200
(ii) Number of half days devoted to the administration of general anaesthetics by:	
(a) Dentists	48
(b) Medical Practitioners	46
Total	94
7. Number of pupils supplied with artificial teeth	
Total	26
8. Other operations:	
(i) Crowns	21
(ii) Inlays	8
(iii) Other treatment	2923
Total	2952

C. Orthodontics

(i) Number of attendances made by pupils for orthodontic treatment	639
(ii) Half days devoted to orthodontic treatment	58
(iii) Cases commenced during the year	81
(iv) Cases brought forward from the previous year	43
(v) Cases completed during the year	20
(vi) Cases discontinued during the year	7
(vii) Number of pupils treated by means of appliances	64
(viii) Number of removable appliances fitted	81
(ix) Number of fixed appliances fitted	NIL
(x) Cases referred to and treated by hospital orthodontics	NIL

TABLE V
ORTHOPAEDIC CLINIC

Visits of Orthopaedic Surgeon	11 sessions
Patients seen—new cases	48
Other attendances—re-examinations	127
Work of Physiotherapist:	
(1) Mount Vernon School—	
Number of visits	37
Number of new patients	24
Number of treatments	295
(2) Medical Services Clinic, New Street:	
Treatment for postural and other defects—	
Number of patients treated	21
Number of attendances made	390

Note:—Children requiring surgical appliances have continued to obtain these through the Beckett Hospital, Barnsley.

TABLE VI

MOUNT VERNON SCHOOL

Statistical Summary of Children in Attendance during 1964

Medical Category	No. of children in 1.1.64	No. of children admitted in 1964	No. of children discharged in 1964	No. of children remaining on 31.12.64
Delicate	15	5	12	8
Respiratory Diseases:				
Asthma	5	2	3	4
Bronchiectasis	2	—	—	2
Chronic Bronchitis	9	4	5	8
Bronchiolitis	1	—	1	—
Fibro-cystic disease of the lungs	1	—	—	1
Collapsed lung	—	1	—	1
Chronic Sinus Infection	1	1	—	2
Eczema	1	—	1	—
Orthopaedic Disorders	2	5	1	6
Congenital Deformities	2	3	—	5
Congenital Heart Disease	1	1	—	2
Post Poliomyelitis	2	—	1	1
Emotional Instability	4	2	1	5
Cerebral Palsy	1	5	1	5
Muscular Dystrophy	1	1	1	1
Partial Deafness	2	—	2	—
Epilepsy	1	3	—	4
Speech Handicap	4	—	1	3
Dermatomyositis	1	—	—	1
Psoriasis	1	1	—	2
Rheumatic Chorea	1	—	1	—
TOTALS	58	34	31	61

TABLE VIII

West Riding County Council pupils attending Barnsley Schools examined by Barnsley School Medical Officers during 1964.

Part I—Periodic Medical Inspections

Age Groups inspected by year of birth	No. of Pupils inspected	Physical condition of pupils inspected		Pupils found to require treatment for defective vision (excluding squint)	for any other condition	Total individual pupils
		Satisfactory	Unsatisfactory			
1959	3	3	—	—	—	—
1956	1	1	—	—	—	—
1955	2	2	—	1	—	1
1954	2	2	—	—	1	1
1953	7	7	—	2	—	2
1952	18	18	—	—	—	—
1951	5	5	—	1	1	2
1950	3	3	—	—	—	—
1949&earlier	39	39	—	—	1	1
	80	80	—	4	3	7

Part II—Defects found by Periodic Medical Inspections during the year.

Defect or Disease	Entrants		Periodic Inspections				Total	
			Leavers		Others			
	T	O	T	O	T	O	T	O
Eyes—Vision	3	—	—	—	1	—	4	—
Otitis Media	—	—	1	1	—	—	1	1
Nose and Throat	1	—	—	—	—	—	1	—
Orthopaedic—								
Posture	—	1	—	—	—	—	—	1
Feet	1	—	—	—	—	—	1	—

T—defect referred for treatment. O—defect referred for observation.

The pupils were examined at School:—

No.

Springwood Special Day School	2
St. Michael's R.C. Secondary Modern School	10
St. Dominic's R.C. Junior and Infants School	7
Barnsley and District Holgate Grammar School	61
	—
Total	80
	—

TABLE VII
Handicapped Pupils requiring education at Special Schools or Boarding in Boarding Homes

[illegible][illegible][illegible]



TABLE IX

Barnsley County Borough Pupils attending Barnsley High School and examined by the West Riding School Medical Officer during the year 1964

	Year of Birth								Specials	Re-exams
	1946	1947	1948	1949	1950	1951	1952	1953		
No. of Pupils inspected	9	44	46	22	56	2	25	37	30	39
General condition of Total Pupils inspected	9	44	46	22	56	2	25	37		
No. Satisfactory	—	—	—	—	—	—	—	—		
No. Unsatisfactory	—	—	—	—	—	—	—	—		
No. of Individual Pupils found at Periodic Medical Inspection to require treatment										
(a) for defective vision (excluding squint)	—	—	2	—	4	—	—	1		
(b) for any other condition recorded below	—	2	1	1	—	—	1	3		
(c) Total individual pupils	—	2	3	1	4	—	1	4		

T—Treatment. O—Observation.

TABLE OF DEFECTS FOUND

Defect	Periodic Inspections								Specials	
	Entrants		Leavers		Others		Total			
	T	O	T	O	T	O	T	O	T	O
Skin	—	—	2	—	—	2	2	5	—	3
Eyes—										
(a) Vision	—	7	18	1	6	40	25	48	1	—
(b) Squint	—	—	—	—	—	1	—	1	—	—
(c) Other	—	—	—	—	—	—	—	—	—	—
Ears—										
(a) Hearing	1	—	—	2	—	1	1	3	—	—
(b) Otitis Media	—	—	—	—	—	2	—	2	—	—
(c) Other	—	—	—	—	—	—	—	—	—	—
Nose or Throat	—	—	—	—	2	3	8	8	6	5
Speech	—	—	—	—	—	—	—	—	—	—
Lymphatic Glands	—	—	—	—	—	—	—	—	—	—
Heart and Circulation	—	2	—	1	—	—	2	2	—	1
Lungs	—	—	—	—	—	—	—	—	—	—
Developmental—										
(a) Hernia	—	—	—	—	—	—	—	1	—	1
(b) Other	—	—	—	2	—	4	—	6	—	—
Orthopaedic—										
(a) Posture	—	—	—	1	—	2	—	3	—	—
(b) Feet	2	1	1	—	—	2	3	3	—	—
(c) Other	—	—	1	—	—	3	1	4	—	1
Nervous System—										
(a) Epilepsy	—	—	—	—	—	—	—	—	—	—
(b) Other	—	—	—	—	—	—	—	—	—	—
Psychological—										
(a) Development	—	—	—	—	—	—	—	—	—	—
(b) Stability	—	1	—	—	—	—	—	1	—	—
Abdomen	—	—	—	—	—	1	—	1	—	—
Other Defects	1	1	1	—	1	1	4	9	1	7

HEALTH COMMITTEE

(as at 31/12/64)

Chairman : Councillor W. Wagstaff

Vice-Chairman : Councillor F. Kaye

The Worshipful the Mayor : Alderman F. Lockwood, J.P.

Alderman T. R. Brown, B.E.M.

Alderman G. Skelly

Alderman G. Whyke

Councillor Mrs. E. B. Blackburne

Councillor Mrs. M. Brannan

Councillor Miss M. Ryan

Councillor Mrs. M. J. Slater

Councillor W. E. Blackburne

Councillor H. Burgin M.B.E.

Councillor A. Butler

Councillor J. H. Dossett

Councillor R. Firth

Councillor W. Gillott

Councillor A. Lowery

Co-opted Members :

Dr. S. Curry

Dr. G. H. Bond

SANITARY COMMITTEE

(as at 31/12/64)

Chairman : Alderman G. Burkinshaw

Vice-Chairman : Councillor G. Moore

The Worshipful the Mayor : Alderman F. Lockwood, J.P.

Alderman G. Skelly

Alderman G. Whyke

Councillor Mrs. G. Bright

Councillor Mrs. M. Copley

Councillor Miss M. Ryan

Councillor W. E. Blackburne

Councillor H. Brain

Councillor W. Gillott

Councillor J. L. Hammill

Councillor W. Hunt, J.P.

Councillor W. Martin-Chambers

Councillor R. Skelly

Councillor H. Thwaites

Councillor S. Trueman

Councillor E. Wagstaff

EDUCATION COMMITTEE

(as at 31/12/64)

Chairman : Alderman A. E. McVie, J.P.

Vice-Chairman : Councillor Mrs. M. Brannan

The Worshipful the Mayor : Alderman F. Lockwood, J.P.

Alderman L. Briggs, J.P.

Alderman A. Butler

Alderman H. Dancer, J.P.

Alderman T. Hinchcliffe

Councillor Mrs. E. B. Blackburne

Councillor Miss M. Ryan

Councillor Mrs. M. J. Slater

Councillor H. Brain

Councillor H. Burgin, M.B.E.

Councillor F. B. Crow

Councillor W. R. Gundry

Councillor J. A. Halton, M.M.

Councillor J. L. Hammill

Councillor F. Kaye

Councillor F. Lunn

Councillor R. Skelly

Councillor S. Trueman

Councillor R. Varley

Co-opted Members :

Miss E. Hepworth

Mr. G. E. Green

Mr. D. B. Spanjer

Very Rev. Canon C. O'Flaherty

Rev. Canon A. P. Morley, M.A.

Rev. J. W. Thompson, B.A., B.D.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

(as at 31/12/64)

Medical Officer of Health, Principal School Medical Officer and Superintendent of the Welfare Services for the Handicapped :

G. A. W. NEILL, O.B.E., O.ST.J., T.D., M.D., D.P.H., Barrister-at-Law

Deputy Medical Officer of Health and School Medical Officer :

Leon A. Nettleton, M.B., CH.B., L.M.S.S.A., D.P.H.

Senior Assistant Clinical Medical Officer of Health and School Medical Officers :

John K. Butterfield, T.D., L.M.S.S.A., D.P.H.

Denis B. Reynolds, M.R.C.S., L.R.C.P., D.P.H. (Commenced 1/5/64)

Assistant Medical Officer of Health and School Medical Officer :

Joan A. Horsfield, M.B., CH.B., D.R.C.O.G.

Ervyn Aubrey, M.R.C.S., L.R.C.P. (Commenced 27/7/64)

Health Visiting Service:

Superintendent Health Visitor and School Nurse :

Miss C. M. Carroll, S.R.N., S.C.M., H.V. Certificate.

Deputy Superintendent Health Visitor and School Nurse :

Mrs. E. Inman, S.R.N., S.C.M. (PART I), H.V. Certificate

Senior Health Visitors and School Nurses :

Mrs. M. Lonsdale, S.R.N., S.C.M., H.V. Certificate

Mrs. E. M. Page, S.R.N., S.C.M., Q.I.D.N., H.V. Certificate

Miss J. Witty, S.R.N., S.C.M., H.V. Certificate

Health Visitors and School Nurses :

Miss M. E. Pilling, S.R.N., S.C.M. (PART I), H.V. Certificate

Mrs. K. Tomlinson, S.R.N., S.C.M., H.V. Certificate

Mrs. D. Clegg, née Parry, S.R.C.N., S.C.M., H.V. Certificate

(Terminated 2/10/64)

Mrs. A. Marshall, S.R.N., S.C.M., H.V. Certificate

Miss J. Royston, S.R.N., S.C.M., H.V. Certificate

Miss H. P. Fletcher, S.R.N., S.C.M., H.V. Certificate

(Terminated 2/5/64)

Miss M. J. Peace, S.R.N., S.C.M., H.V. Certificate

Miss M. Stott, S.R.N., S.C.M. (PART I), Q.I.D.N., H.V. Certificate

Mrs. I. S. Harris, S.R.N., S.C.M., H.V. Certificate

(Commenced 1/6/64)

Mrs. S. Jeffs, S.R.C.N., S.C.M. (PART I), H.V. Certificate

Mrs. M. Cooke, S.R.N., S.C.M. (PART I), H.V. Certificate

Miss E. A. Mallinder, S.R.N., S.C.M., H.V. Certificate

Mrs. J. E. Sweetnam, S.R.N., S.C.M., H.V. Certificate

(Commenced 21/7/64)

Student Health Visitors :

Mrs. J. E. Sweetnam, S.R.N., S.C.M.

(Terminated 20/7/64)

Clinic/School Nurses :

Miss E. A. Hazlehurst, S.R.N.
Mrs. F. J. Garner, S.R.N.
Mrs. M. McCobb, S.R.N.

Clinic Nurses :

Mrs. J. D. Senior, S.R.N., S.C.M. (PART I) (Terminated 10/1/64)
Mrs. J. M. Hayes, S.R.N. (Part-time) (Terminated 12/8/64)
Mrs. M. Harris, S.R.N. (Part-time) (Terminated 12/8/64)
Mrs. B. Barker, S.R.N. (Terminated 12/8/64)

State Enrolled Nurses :

Mrs. M. Holderness, S.E.N.
Mrs. N. K. Frampton, S.E.N. (Commenced 2/1/64)
Mrs. G. R. Oxley, S.E.N. (Commenced 1/9/64)
Mrs. I. Lodge, S.E.N. (Commenced 28/9/64)

Midwifery Service:

Non-Medical Supervisor of Midwives :

Miss M. M. Moore, S.R.N., S.C.M., S.R.C.N., Q.I.D.N.

Assistant Non-Medical Supervisor of Midwives :

Miss E. S. Simpson, S.R.N., S.C.M., S.R.F.N., H.V. Certificate, Q.I.D.N.
(Terminated 31/16/64)
Miss N. Corrigan, S.R.N., S.C.M., S.R.F.N., Q.I.D.N.
(Commenced 1/9/64)

Domiciliary Midwives :

Miss R. A. Chamberlain, S.R.N., S.C.M., Q.I.D.N.
Mrs. A. Taylor, S.R.N., S.C.M.
Mrs. G. Bailey, S.R.N., S.C.M.
Mrs. A. Horne, S.C.M.
Mrs. M. Owen, S.C.M.
Mrs. M. Utley, S.C.M.
Mrs. R. Gray, S.C.M.
Mrs. P. M. Dawson, S.R.N., S.C.M.
Mrs. K. Leech, S.R.N., S.C.M.
Miss O. J. Wilkinson, S.R.N., S.C.M. (Commenced 9/3/64)

Home Nursing Service:

Superintendent of District Nurses :

Miss M. M. Moore, S.R.N., S.C.M., S.R.C.N., Q.I.D.N.

Assistant Superintendent of District Nurses :

Miss E. S. Simpson, S.R.N., S.C.M., S.R.F.N., H.V. Certificate, Q.I.D.N.
(Terminated 31/1/64)
Miss N. Corrigan, S.R.N., S.C.M., S.R.F.N., Q.I.D.N.
(Commenced 1/9/64)

District Nurses :

Mrs. I. B. McGowan, S.R.N., S.C.M., Q.I.D.N.
Mrs. G. A. Pollendine, S.R.N., Q.I.D.N.
Mrs. L. Woodhead, S.R.N., Q.I.D.N.

Mr. J. Woodhead, S.R.N., Q.I.D.N.
 Mrs. E. Davies, S.R.N., Q.I.D.N.
 Mrs. E. M. Micklethwaite, S.R.N., Q.I.D.N.
 Mr. J. Jackson, S.R.N., Q.I.D.N.
 Mrs. I. Mc. L. Cooke, S.R.N., Q.I.D.N.
 Miss M. Turner, S.R.N., Q.I.D.N.
 Miss A. Roberts, S.R.N., S.C.M., Q.I.D.N. (Terminated 8/11/64)
 Mrs. H. Jenkinson, S.R.N., Q.I.D.N.
 Mrs. J. R. Horbury, S.R.N., S.C.M. (Commenced 6/4/64)
 (Terminated 22/10/64)
 Miss B. Sharpe, S.R.N. (Commenced 1/8/64)
 Miss P. L. Wright, S.R.N. (Commenced 7/12/64)
 Mrs. J. Shield, S.E.N.
 Mrs. S. Burnham, S.E.N.
 Mrs. D. Parkin, S.E.N.
 Mrs. M. McGuinness, S.E.N.

Handicapped Services Department:

Mr. J. Chambers, A.I.S.W., D.P.A., Senior Welfare Officer
 Miss E. I. Mitchell, Home Teacher for the Blind
 Mr. J. Moore, Home Teacher for the Blind
 Mr. H. V. Davis, Home Teacher for the Blind
 Miss E. White, Home Teacher for the Blind
 Mr. P. McGraynor, Craft Instructor
 Mrs. E. P. Senior, Craft Instructor (Terminated 20/9/64)
 Mrs. P. McGraynor, Craft Instructor
 Mr. T. H. H. James, Deaf Welfare Diploma, A.M.I.S.W., Welfare Officer for the Deaf
 Mrs. H. R. James, Welfare Assistant for the Deaf.
 Miss J. Archer, Welfare Assistant for the Handicapped
 (Commenced 29/6/64)
 Mrs. J. Winder, Section Supervisor
 Miss J. M. Plowman, Shorthand Typist
 Mr. S. I. McAllister, Clerk
 Miss C. A. Jackson, Clerk

Sheltered Workshop:

Mr. N. A. Todd (Commenced 1/12/64)

Mental Health Service:

Mr. S. Crossland, Mental Health Officer (Retired 23/12/64)
 Miss E. M. Seabury, S.R.N., S.C.M., H.V. Certificate, Mental Health Officer
 Mrs. W. M. Levesque, née Carr, S.R.N., S.C.M., H.V. Certificate Mental Health Officer
 Mr. P. Lynch, R.M.N., Mental Health Officer (Commenced 1/7/64)
 Mr. S. R. G. Douglas, Mental Welfare Assistant (Terminated 3/5/64)
 Mr. T. Johnson, R.M.N., Mental Welfare Assistant (Commenced 8/6/64)
 Miss F. M. Adeney, Mental Welfare Assistant (Commenced 1/6/64)

Mrs. A. Carretta, Supervisor, Junior Training Centre
 (Terminated 15/11/64)
 Miss E. Wilde, Supervisor, Junior Training Centre
 (Commenced 23/11/64)
 Mrs. E. M. Molyneux, Assistant Supervisor (Unqualified)
 Mrs. A. Ellis, Assistant Supervisor (Unqualified)
 Mrs. M. Oxley, Assistant Supervisor (Unqualified)
 Mrs. V. Fowler, Assistant Supervisor (Unqualified)
 Miss B. Gillatt, Trainee Assistant Supervisor
 (Commenced 9/11/64)

Home Help Service:

Mrs. D. Eyre, I.H.H.O. Cert., Home Help Organiser
 Mrs. I. Hackney, I.H.H.O. Cert., Assistant Home Help Organiser
 Mrs E. Allison, Assistant Home Help Organiser

Audiology Technician:

Miss E. Ward, M.S.A.T.

Physiotherapist:

Miss P. R. Powell, M.C.S.P.

Speech Therapist:

Mrs. K. A. Hammond, L.C.S.T. (Terminated 31/3/64)
 Miss L. C. Smith, L.C.S.T. (Commenced 1/9/64)

Dental Service:

Mr. J. Kilner, T.D., B.D.S., L.D.S., Part-time Consultant Orthodontist
 Sessional basis (Terminated 30/4/65)
 Chief Dental Officer (Commenced 1/5/64)
 Mr. G. E. Griffith, L.D.S., R.C.S. (ENG)., Dental Officer
 Mr. G. White, L.D.S., Dental Officer (Commenced 11/2/64)
 Mr. J. H. Walker, Temporary Part-time Dental Surgeon
 Miss M. J. Walters, Dental Auxiliary (Commenced 14/9/64)
 Miss R. Sharp, Dental Clerk
 Mrs. R. F. Stringer, Dental Surgery Assistant
 (Terminated 31/3/64)
 Miss S. C. Roberts, Dental Surgery Assistant
 Mrs. B. Ashurst, Dental Surgery Assistant (Commenced 1/4/64)
 Miss J. M. Jennings, Dental Surgery Assistant
 (Commenced 1/5/64)

Chiropody Service:

Mr. A. A. Aldam, M.CH.S. (Sessional basis)

Administrative and Clerical Staff:

Mr. B. Payne, Administrative Assistant and Chief Clerk
 Mr. J. Faulkner, Senior Clerk.
 Mr. K. Holling, D.M.A., M.R.S.H., M.R.I.P.H., Diploma Health and
 Welfare Administration, Records Officer
 Miss J Owen, Senior Shorthand Typist
 Mrs. S. Clarke, Clerk-Typist
 Miss C. M. Senior, Shorthand Typist (Commenced 2/3/64)

Mrs. B. Ramsden, Clerk
 Mr. D. Orr, Clerk
 Miss E. A. Corker, Clerk (Terminated 12/4/64)
 Miss K. M. McKenning, Clerk (Commenced 1/6/64)
 Miss J. Walker, Clerk, Care of Mothers and Young Children
 Miss C. A. McKenning, Clerk, Care of Mothers and Young Children.
 Miss S. Wildsmith, Clerk, Care of Mothers and Young Children
 Mrs. E. Stephenson, Senior Clerk, School Health Service
 Miss N. Wade, Clerk, School Health Service
 Miss J. Wildsmith, Clerk, School Health Service
 Miss C. Jennings, Clerk, School Health Service

Sanitary Service:

Mr. W. H. Spalton, Chief Public Health Inspector
 Mr. A. Pemberton, Deputy Chief Public Health Inspector
 Mr. F. Midgley, Public Health Inspector (Food Hygiene Duties)
 Mr. E. S. Hackney, Public Health Inspector
 (Smoke Inspection Duties)
 Mr. P. Walker, Public Health Inspector (Meat Inspection Duties)
 Mr. C. Elstone, Public Health Inspector
 Mr. H. J. A. Ackroyd, Public Health Inspector
 Mr. P. R. Hunt, Public Health Inspector (Meat Inspection Duties)
 Mr. R. Whittles, Public Health Inspector (Terminated 22/3/64)
 Mr. D. R. Worrall, Senior Clerk
 Mrs. H. Lax, Clerk/Typist
 Mrs. P. Rushforth, Shorthand Typist
 Miss E. Strawbridge, Shorthand Typist
 Mr. E. Carr, Clerk/Student Public Health Inspector
 Mr. M. Gillott, Clerk/Student Public Health Inspector
 Mr. S. Horton, Clerk
 Mr. A. C. Penn, Technical Assistant (Commenced 14/12/64)

